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ART. I.—*Letters from Europe.* By JAMES C. CROSS, M. D., late Professor of the Institutes of Medicine in Transylvania University.

PARIS, December, 1845.

GENTLEMEN:

The subjects treated of in this communication and those which may follow will not be classified, and for an obvious and, we trust, a sufficient reason. The facts as they come to our knowledge will be registered at once, and unless we were to re-write them, and for this we have not time, no particular order could be observed. If an arrangement different from that which may result from accident should be deemed necessary, it can be effected by the compositor as he sets up the several articles.

In the *Gazette des Hopitaux*, M. Rostan has some useful remarks on the *Symptomatology of Nervous Affections.* The chief phenomena to which they give rise consist in an aug-

mentation, perversion, diminution, or abolition of the functions of sensation and motion. Formerly those of motion were apparently much more considerable and numerous than at present. The cause of this is found in the fact, that pathological anatomy has made such progress that we are now justified in referring many symptoms, considered as nervous until recently, to local lesions, such as encephalitis, meningitis, softening of the brain, &c. Some authors believe that neuralgia results exclusively from inflammation of the nerves. It is, however, generally an affection of the sensibility; we do not intend saying that nervitis never exists, but in the great majority of cases it is impossible to recognise the least appreciable trace of anatomical lesion.

Neuroses may attack the organs of all the senses; thus there may be neuroses of sight, which consists in perversion, diminution, or complete abolition of the function; neuroses of the voice; and the author speaks of a hysterical woman who was rendered completely aphonic. Bleeding, antispasmodics, blisters, and the most powerful and painful revulsives were employed ineffectually. M. Rostan felt fully assured that the woman had no motive to impose upon him; and having seen noticed in a journal another case very similar to the one under his treatment that had been completely cured by electricity, he determined to make trial of it, and to his great astonishment the voice gradually returned under its influence; from which he concludes that it was a case of nervous mutism independent of organic lesion.

The neuroses of intelligence deserve a moment's notice. On a former occasion, M. Rostan endeavored to show that every modification of mind was the result of a modification of the organ of intellection; that is to say, of some change in the nervous centres. Whenever there is a perversion of intelligence, as it cannot be admitted that an immaterial being is susceptible of perversion, we should look for the cause of the perversion in the organ of thought. It should, however, be remarked, that the existence of neuroses of intelligence is not incompatible with the principles of organicism; for why

should there not be neuroses of the brain as well as other parts of the nervous system? The neuroses may attack the apparatus of organic life; allusion, however, is not made to gastralgia, for it is the most frequent and best known of them, but to those of respiration, in which there is observed nervous dyspnœa, anxiety, and difficult respiration, which with propriety can be ascribed only to a lesion of innervation. Althongh he has always maintained that the asthma of the aged is not a nervous disease, M. Rostan says that he never has intimated that there were not neuroses of the respiratory apparatus. Although there are cases of real nervous dyspnœa, he remarks that after having practised medicine thirty years, he has never seen a single case of what authors denominate angina pectoris, descriptions of which are so common in medical writings. With the symptoms of angina pectoris he has always found the pulsations of the heart very violent, and other signs characteristic of an organic affection of the centre of circulation, or of the lungs themselves. He regards angina pectoris as a symptom only, and maintains that all the cases of it that he has observed he could refer without difficulty to a sensible and appreciable organic alteration, but is willing to admit that others may have met with something purely nervous. He does not deny the existence of nervous pulsation of the heart, such as those caused by moral emotions, joy, sadness, fright, &c.; but all others arise from peculiar states of the blood, as in anemia, chlorosis, &c. There are neuroses of the urinary apparatus in which there are alterations of the color, consistence, &c., of the urine, and which are symptomatic of a nervous state of the secretory or excretory apparatus. He speaks of a patient who, now and then, was suddenly attacked with a very abundant mucous discharge from the nares; not only was it copious, but continuous, and resembled the white of an egg in a liquid state, and this, too, without pain, swelling of the mucous membrane, or lachrymation. Generally this happens as a consequence of some vivid moral impression. The vesical mucous membrane may be similarly affected, and then the urine presents the appearance and consistence of the ca-

tarrhal urine, with which physicians are familiar. Neuroses of the genital organs are very common. Priapism, satyriasis, and nymphomania, are doubtless purely nervous, and wholly independent of all material lesion. He professes not to know exactly the seat of these affections, but is inclined to refer them, with Gall, to the brain, as that organ is the admitted seat of hysteria. This is but a brief and rapid outline of the views of M. Rostan, on the principal neuroses, and we shall add but a few words in regard to what he says on the subject of their diagnosis. They are uniformly intermittent, and this is a most important circumstance in doubtful cases. When they are continuous they are exceedingly difficult to recognise, and great skill and experience are necessary to determine the diagnosis with any degree of precision. The neuroses are usually very protracted; they often persist for months, and sometimes even for years. They rarely terminate in death, and the prognosis, if deduced from the intensity of the symptoms, would bespeak greater danger than exists in reality. The neuroses after having continued a certain length of time become chronic, and then they are rarely cured; and when this happens, as it does sometimes, we are surprised at the manner in which it is effected; it takes place suddenly and apparently without cause. In no other affection has hereditariness, as a cause, more influence than in the neuroses. It is very common to witness them in those persons whose parents have been similarly affected.

Spontaneous Cure of Phthisis-Pulmonalis.—It is not uncommon to find, in post mortem examinations, puckered depressions, generally at the summits of the lungs, which are considered as the result of ancient cicatrices in those who have not fallen victims to pulmonary consumption. Dr. Bennett, it appears, has recently been prosecuting the investigation of this subject in the Royal Infirmary of Edinburgh, and he found old cicatrices of the lungs in 28 cases out of 73; and this result added to that obtained by M. M. Rogee and Boudet of this city—for they have been inquiring into the matter also—

establishes the fact that phthisis has been spontaneously cured in one-third, if not one-half, of those who die after the age of forty. This result, which is opposed to the common opinion, and which reposes upon facts that it is impossible to attribute to any other cause, is not, however, contradicted by what we know of the chemical and organic composition of tubercles, or with what we have been taught by the study of their development. Indeed, all that we certainly know of the chemical composition of tubercle, is reduced to the established fact that in the first period of its development it differs from lymph only because it contains more albumen, and in its latter period more earthy salts. As to its intimate organization, it is certain that it is not of the nature of the malignant tissues, cancerous for example; and notwithstanding the opinion of M. M. Gulliver and Vogel, who contend that it is not organized, we can detect traces of cellular organization, but much more numerous granulations and variously formed corpuscles that cannot be easily described, but which are readily recognised when they have been once distinctly observed. Two opinions prevail as to the formation of tubercles. Some ascribe them to inflammation, and others to a peculiar and vitiated state of the constitution. Now, neither of these are irreconcileable with the idea that phthisis may be spontaneously cured. The only difference, in truth, between tubercle and the products of ordinary inflammation consists in the absence in the former of all disposition to become organized; tubercle presents granulations and imperfect cells, while in the products of normal inflammation all the elements are perfect. Now, as these two different products are formed by the exudation of the *plasma* of the blood, the essential distinction between them should be found in a difference in the composition (chemical and vital) of the *plasma* of the blood that enters into their composition. Hitherto chemistry has reflected no light upon the exact nature of this difference, but it is probable that it results from the presence of *protein*, which has not so great a tendency to become organized as fibrin, and it is quite certain that when tuberculous matter is reduced

to the molecular state by disintegration, it may be as readily observed as the products of normal inflammation. If, therefore, there is nothing in the nature of the elements of tubercle to prevent their absorption, there is no reason why we should refuse to regard the cicatrices found most generally in the summits of the lungs, where we know that the tubercles are most commonly deposited, and when, too, they are discovered in aged persons who have died of other diseases, as evidence of the previous existence of phthisis pulmonalis, and of its spontaneous cure.

The treatment of tubercular consumption has heretofore been almost exclusively directed on empirical principles, and consequently no one has furnished absolutely useful results. Perhaps it would have been otherwise had we observed the course pursued by nature in the cures that have been spontaneously effected. This we have endeavored to do, and, we think, not without encouraging results. But two indications need be observed in the management of those threatened with, or actually laboring under phthisis. First, the morbid state of the blood that results from imperfect nutrition; and secondly, the local inflammation that produces an abnormal secretion—a secretion containing the elements of tubercle. These are the indications which Dr. Bennett points out, and to which he invites the particular attention of physicians; but if the reader will take the trouble to refer to the *Western and Southern Medical Recorder*, he will find them laid down by the editor, and dwelt on in a sufficiently full and explicit manner. All the information we have on this subject—derived from the researches of chemistry, morphology, and physiology—go to show that the state of the blood, in the first place, is mainly attributable to an excess of oxygen in the economy, which combines with the tissues—causes their destruction, and produces acidity of the alimentary canal, and afterwards to an excess of azotized or albuminous matters, and at the same time to the absence of carbon and oleaginous matters in the chyle, the blood, and other tissues, with the exception of the liver, which is the great emunctory of fatty and

carbonaceous matters. There are then three objects to be kept constantly in view in the treatment of phthisis. First, to remedy the dyspeptic state of the alimentary canal, and particularly the acidity of it which too frequently abounds; secondly, to direct such articles of food to be eaten as promise to form a suitable kind of chyme; and lastly, to subdue the local inflammation. There are various means for the first purpose, but Dr. Bennett particularly commends mixtures with which he has perfectly succeeded in some cases, and with which he has subdued vomiting that had triumphantly resisted all other modes of treatment; the second is to be attained by a proper regimen: digestible food, milk, oleaginous and albuminous substances, and an equable climate, the tendency of which should be to diminish the excess of oxygen; of these means, Dr. Bennett particularly recommends cod-liver oil; and the third should be counteracted and controled by local blood-letting—cups are preferable to leeches. Now, those who are familiar with what we have taught, or with the contents of the *Western and Southern Medical Recorder*, know full well that the above principles of treatment have been inculcated in the most emphatic manner for a number of years, and this course was pursued, not only because of the great advantages of an invigorating over a debilitant treatment, but because the latter has been recommended by a teacher more notorious than distinguished, and who has exerted a more extensive influence over the destinies of the profession in the valley of the Mississippi than any man of ten times his merit should. His *diet absolute* has immolated thousands, and we think it full time that the public should be cured of its credulity, and he of his infatuation.

Successful Operation for Cataract after sixty years of Blindness. By M. Serres, Professor of the Faculty of Montpelier.—Boichat, 67 years of age, cutler by trade, consulted M. Serres in March, 1844, for a wound of the right eye, which had been several days previously inflicted by a foil. Treatment failed to prevent a loss of the sight of the wounded eye.

which reduced the patient to a state of perfect blindnes, for he had lost the sight of the other sixty years before from small-pox. The patient desiring M. Serres to operate on the right eye for cataract, he was induced to examine the left, in which he recognized the existence of a lenticular cataract, together with a slight albugo upon the external lateral segment of the cornea. Believing that the operation, if performed on the right eye, would be embarrassed with many difficulties, he proposed to operate on the left. To this the patient submitted, although under the conviction that it would prove useless, inasmuch as it had been of no service to him for the space of sixty years. A principal motive of M. Serres for wishing to operate on the left eye was to ascertain, if possible, how long the function of an organ may be suspended without being annihilated. The operation was performed, and even before it was finished, the patient exclaimed that he could see. This was believed at the time to be an optical illusion, but three days afterwards when the patient was visited for the purpose of ascertaining if there were any hope of the success of the operation, M. Serres was greatly surprised to find that it was perfect, and that the sight of the left eye was completely restored. Eighteen months after the operation the patient was still in the enjoyment of the vision of the left eye. This fact, which is perhaps unique in its kind, is a triumphant refutation of the assertion made by many writers, that in very ancient cataracts an operation must prove unproductive of good, as there is reason to believe that when the retina has been for a great length of time condemned to repose it has lost its sensibility. It cannot but be regarded as a very curious and interesting fact that after sixty years of a total suspension of its function, the faculty of distinguishing objects should be recovered simultaneously with the impinging of light upon the retina. It should be remembered that the vision of Boichat is not of that feeble and vague sort which is scarcely sufficient to conduct one along a street, but of that clear and full kind which enables him to read with facility. It may be objected that in this case, as the cataract

was incomplete, the retina had never been entirely secluded from the contact of the light. To this, Mr. Serres responds, that the man assured him in the most positive and formal manner that he had been completely blind of the left eye ever since he was six years of age—that after the loss of the right and before the left was operated on, he was entirely blind, and besides, at the moment of the operation the opacity of the pupil was so complete, that had not allowance been made for this circumstance the immobility of the iris would have led to the belief that the cataract was complicated with amaurosis. Had the integrity of the visual functions of the right side any agency in preserving the sensibility of the left? This is very possible, and therefore a difference may exist between those persons who have lost the sight of both eyes and those who have lost that of one only. As it is now evident that the sensibility of the retina is retained, notwithstanding the indefinite suspension of its functions, would it not be discreet when both eyes are affected with cataract, not to operate on both at the same time? If but one should be operated on, the other could be at some subsequent period, in the event of its failure, or in the event of the sight of it being lost after it had been restored?

Tobacco in Facial Neuralgia.—M. Gower commends in the strongest terms the use of tobacco in neuralgia of the face. For twenty years he has employed the tincture and infusion, locally applied, with the greatest success. This success, however, he remarks, was in some degree unmerited, for although his success was decided and satisfactory, he did not know whether it was owing to the stimulant or sedative action of the tobacco. He continued its empirical employment until M. Chippendale demonstrated that its efficacy was owing to the narcotine, and that the essential oil of the plant retarded its action by preventing the absorption of its narcotic principles. It is therefore to the extract of narcotine that the preference should be given. M. Gower has seen in three cases a single application of the aqueous solution of this ex-

tract, almost instantly not only calm, but prevent the recurrence of neuralgic paroxysms. This preparation rubbed on the side of the face is said also to relieve, almost instantly, tooth-ache.

Beef-Gall in Constipation.—Dr. Allnat remarks that although beef-gall is not at present employed by physicians, it does not merit the desuetude into which it has fallen. He speaks of it in constipation in the most eulogistic terms. His opinion is deduced from two classes of facts—the one theoretical—the other practical: Habitual constipation, he remarks, in sedentary persons, commonly depends upon the absence of bile. The contents of the bowels pass slowly through them because they are not sufficiently acted on by their natural stimulus to produce the degree of peristaltic action necessary to cause the evacuation of their contents. When this happens the stools are of a greyish complexion and solid, because of the absorption of the more liquid parts, and they then collect in masses in the large intestines, and assume a globular form, obstructing the bowels mechanically, and thus preventing the evacuation of their contents. Now, the author asserts, if these consolidated masses are exposed, out of the body, to the action of beef-gall, they immediately swell and are in a short time dissolved and present the appearance of natural fecal matter in color and consistence. The same effect is produced if beef-gall diluted with water is injected into the bowels of an individual laboring under obstinate constipation. Three cases, which we shall not trouble you with, are adduced in support of this assertion, and in which, after the employment of the most active purgatives and the most irritating injections, a clyster of beef-gall or the administration of pills made of the bile, after its evaporation and reduction, to the consistence of an extract, produced without griping or any other inconvenience, natural stools.

Now, besides the fact which we have already shown, and we trust in a satisfactory manner, that the paristaltic action of the bowels does not depend upon the supposed stimulant

properties of bile, and upon which the whole of Dr. Allnatt's theory rests; the bile has other and more elevated purposes in the animal economy. That it is an excrementitial secretion is now no longer a matter of doubt, and that its suspension interferes directly with nutrition, and produces general and very various derangements, we have illustrated and proved, and therefore if beef-gall has any particular efficacy in removing constipation dependent upon deficient or perverted action of the liver, or indeed, in the cure of any affection resulting from a kindred cause, it must be upon some other principle than that assumed by Dr. Allnat. Besides the theoretical absurdity into which the advocate of beef-gall has involved himself, the practical interest of his article rests upon one fact which he has failed to establish, but which is indispensable. He alleges that dry and hard feces are dissolved by beef-gall; that may be, but he has not shown us that it accomplished that object any better than oil or other fatty substances would under similar circumstances. When this fact is once established we may be encouraged to inquire whether or not it be true that the bile of one animal, and formed of very different materials, can perform the office of bile in the economy of another, not only of a different species, but different genus. The difference in the bile of herbivorous and carnivorous animals is amongst the most familiar of physiological facts.

Amongst the virtues of beef-gall there is one signalized by Dr. Allnatt, a notice of which should not be omitted entirely. We allude to its action upon opium with which it is combined, and the narcotic property of which it destroys. The constipating effect of opium is ascribed to its action on the liver, the secretion of which it either suspends or so much diminishes as to be insufficient to stimulate the bowels. This is a formidable objection to opium when we desire to produce its sedative effects only. If Dr. Allnat is to be believed, beef-gall is effectual in neutralizing the constipating effects of opium without impairing in the least its sedative action.

ART. II.—*Cases treated at the Louisville Marine Hospital.* Reported by Mr. CHARLES L. LYLE, and Mr. W. A. HARRIS.

Hematemesis.—James McGlinn, a native of Ireland, by occupation a ditcher, of intemperate habits, was admitted into the Hospital, August 11th, 1845. Three years ago he was engaged at work on the shores of the Tennessee river, and was compelled to labor constantly in water, sleeping in his wet clothes at night. After pursuing this life for several months he was attacked with intermittent fever. About this time he was advised to go to New Orleans for his health; he was improved by the travel and change of climate, but engaging in his laborious occupation in the suburbs of the City, in a short time he was taken with diarrhea, which persisted for several months before it was finally arrested—leaving him in a debilitated state, from which he never recovered. Six months ago, Hematemesis came on, after he had been enduring much fatigue and exposure to rain and cold, to overcome the effects of which he resorted to large potations of ardent spirits. The hemorrhage came on at night, after he had been indulging more excessively than usual in drink,—and recurred, at intervals, until he was admitted in August.

At this time his face was pale and blanched, his skin dry; pulse quick, small and feeble; tongue smooth and nearly exsanguineous. Nothing passed from his bowels but blood, which was thin, and of an arterial character. On the night of the 11th August, he vomited more than a quart of coagulated blood.

He was ordered to take acetate of lead, grs. iii., and opium, gr. i. The following day a fourth of a grain of tannin was exhibited every two hours. This course arrested the hematemesis as well as the discharge of blood by the bowels. He improved slowly under the administration of tinct. mur. fer. until about the first of September, when his extremities became œdematous, to which ascites followed shortly afterwards. The usual remedies for such cases were applied. The abdomen continued to enlarge, and became shining and tense.

Respiration hurried and difficult on account of the encroachment of the dropsy which compelled the patient to retain the semi-erect posture; pulse quick; a blowing sound of the heart.

An operation was deemed necessary for his relief, which was performed by Professor Gross on the 9th, by which upwards of two gallons of serum were removed.

10th. Saturated tinct. iodine was applied over the entire surface of the abdomen and a bandage applied. Was ordered tinct. fer. mur. and nutritious diet.

11th. Pulse 120, soft and small; skin dry and cool; tongue slightly furred and moist; bowels open.

12th. Treatment continued.

14th. Abdomen again becoming enlarged; fever and acceleration of the pulse during the evening.

15th. Water still increasing; prescription continued.

16th. Some fever, and at night tongue dry; bowels open; skin dry and hot; pulse still increasing in frequency.

17th. Abdomen painful from accumulation of water; some fluid escaping from the puncture; by means of cups a large quantity was drawn off, affording him much relief; large quantities continuing to pass through the puncture.

18th. Slept well during the night. Recurrence of hematemesis followed by syncope. Carb. ammonia, camphor mixture and brandy were exhibited for the purpose of stimulating him. To these sulphate of quinine, acetate of lead and tannin were subjoined, which constituted the treatment.

On the next day, about the same hour as on the preceding day, hematemesis again recurred, and was followed by fatal syncope; he died at 3 o'clock.

Autopsy.—On making an incision into the abdomen a large quantity of straw-colored serum was found; no attempt had been made at reparation of the puncture made by the trocar. Spleen enlarged, indurated, and its surface cartilaginous. The pleura also contained a quantity of straw-colored serum. The lungs pale, and containing two or three small calcareous deposits; otherwise healthy. Pericardium distended with serum; heart pale and flabby. The veins of the œsophagus, and of

the cardiac extremity of the stomach, varicose. Stomach distended with dark blood. Several small ulcers communicating with the varicose veins in the œsophagus. The blood found in the stomach and intestines was not coagulated.

Typhoid Pneumonia—Paralysis of the Leg from a Bed Sore.—The subject of this case is a native of Germany, 22 years of age, of sanguineo-bilious temperament, a brewer by occupation, and of intemperate habits; he was admitted into the Hospital on the 21st of October last. He was attacked three weeks previous to his admission with a short, hacking cough, slight fever, and pain in the right side of the chest over the infra-mammary region; had been subject to repeated attacks of delirium tremens.

When admitted he manifested great muscular debility, and much nervous irritability, which resembled somewhat paralysis agitans, or, perhaps, more correctly the mercurial tremor. as it was an involuntary trembling of the voluntary muscles. when unsupported. When admitted his pulse was small, feeble, and quick; tongue coated with a dark brown fur, fissured, dry, and red at the tip and edges; teeth covered with sordes; countenance sallow, with occasional flushing of the cheeks: bowels much constipated; expectoration slight and pneumonic; tenderness over the epigastrium; pain on pressure over the cervico-dorsal region of the spine. Auscultation revealed the crepitus rhonchus over the anterior middle lobe of the right lung; slight broncophony and dulness on percussion over the lower lobe; respiration feeble over the inferior anterior portion of the left lung. Prominent among these symptoms were a want of muscular tonicity and exhaustion of nervous influence, produced by frequent attacks of mania a potu; the the almost invariable symptom of which, (tremors) became more prolonged after each successive attack, until the morbid condition was permanently impressed upon the brain and great nervous centres.

Calomel and Dover's powder were administered in small and repeated doses—three of the former and five of the lat-

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ter—until slight ptyalism was induced. Dry cups and blisters were alternately applied over the seats of pain and tenderness; strict attention was paid to the secretions; this, together with stimulants and tonics, consisting, mostly, of camphor mixture, carb. ammonia, porter, and quinine, constituted the treatment from his admittance up to the first of November. At that time the crepitus rale could be heard over the entire region of the right lung; expectoration profuse; nervousness so increased that he could with difficulty partially protrude his tongue, which was smooth and red; great restlessness and extreme debility; perspiration sour and at times profuse. He continued in this state, without any manifest change, for nearly a week, when he fell into a state of coma, or stupor, which continued for several days. Brandy, carb. ammonia, and other powerful stimulants were given in large and frequently repeated doses, and counter-irritants were applied over the cervico-dorsal region of the spine. Under this treatment the delirium disappeared, and with it the severer pneumonic symptoms.

On the 15th November, his nates were found extensively inflamed and disposed to gangrene. The parts were protected by means of cotton as well as possible, but owing to his exhausted condition, and the long continued posture on his back, a deep and extensive slough was formed, embracing the whole of the sacro-iliac, and part of the lumbar region. A poultice made of ground flaxseed, charcoal, and cinchona, was applied, after having moistened the parts with a weak solution of nitric acid, which, with the internal tonic and stimulating treatment, rapidly promoted the detachment of the slough. The ulcer extended farther and more deeply on the right, than on the left side; and when the gangrenous parts were thrown off, it exposed a large part of the iliac bones. At the same time were manifested symptoms of irritation of the bladder, as pain on pressure over the hypogastric region and frequent micturition. These, however, gradually disappeared as the ulcer healed.

Dec. 1st. Pneumonic inflammation subsided; ulcer healthy

and partially healed; countenance of the patient much bloated; considerable œdema of the lower extremities; dull pain frequently felt along the course of the gluteal, smaller sciatic and musculo-cutaneous nerves; accompanied by partial paralysis of the peroneal flexor and extensor muscles of the right leg, and toes, so that the foot is not only thrown out of its proper line of direction, but is also distorted and twisted upon itself, resembling somewhat that variety of club-foot termed *talipes varus.* Motion, or the slightest pressure over the lumbar region aggravates the pain, while the recumbent posture relieves it. There is also a loss of natural temperature in the affected leg and foot, which are constantly bedewed with a cold and clammy moisture. No involuntary retractions of the affected muscles can be excited, which is evidence that the process of ulceration affected not only the nerves of the part, but also the lower part of the spinal cord itself. For the relief of these symptoms the usual remedies have been resorted to, but as yet with but little success.

Feb. 1st. Ulcer has cicatrized; symptoms of incipient anasarca still continue; likewise tremors of the voluntary muscles, even when supported; pain along the course of the nerves of the leg and foot unabated; distortion of the foot somewhat augmented; secretions regular, and general health improved.

Louisville, February, 1846.

REVIEWS.

ART. III.—*On Diseases of the Liver.* By GEORGE BUDD, M.D., F.R.S., Professor of Medicine in King's College, London; and Fellow of Caius Cambridge. *With colored Plates and numerous Woodcuts.*—Philadelphia: Lea & Blanchard. 1846. 12mo. pp. 392.

[CONCLUDED.]

The subjects of this treatise are on every account so important, a knowledge of them is so necessary to the practitioner, and they are here treated with so much clearness and ability, that we are sure our readers will not be displeased at a continuation of our notice of the volume. In our last number we left our author on the *causes of abscess of the liver*, the most obvious of which, though by no means a frequent one, is a blow or other mechanical injury. The second, and, as he holds, far more frequent cause, *suppurative inflammation of some vein*, we announced, but were obliged to close our article without reciting any of the proofs adduced in support of the position. As we then said, the point strikes us as satisfactorily made out, and some of the evidence in its favor we will now proceed to give.

It is known that collections of pus in the lungs, liver, joints, or between the muscles, frequently follow severe injuries or surgical operations—that they form rapidly, and, with very slight local symptoms, often terminate fatally in a few days. So when mercury is injected into the crural vein of a dog, the animal, after a day or two, becomes feverish, is affected with cough and difficulty of breathing, of which he dies; and on examination after death is found with small indurated

masses and circumscribed abscesses in his lungs, each of which contains in the centre a small globule of mercury. In such cases the foreign matter is arrested in the capillary vessels of the lungs, for the pus globules are much larger than the globules of the blood; irritation follows, and a deposit of matter is the result. The lungs are the organs most likely to suffer from such an experiment, or from purulent phlebitis consequent on injury of the head or limbs, for the obvious reason that the irritating matters are conveyed directly to them, and may be wholly detained in their capillaries. In the latter case abscesses would be found only in the lungs. But it often happens that the liver becomes the recipient of a part of the pus, and then it too is the seat of scattered abscesses.

It would appear from some observations by Cruveilhier, that such abscesses are most apt to ensue upon injuries involving bones, inflammation of the veins in the interior of bones being more likely to cause them, than inflammation of the veins of other textures. He placed a globule of mercury in the medullary cavity of the femur of dogs, and never failed to find it scattered through the lungs, each globule the centre of a small abscess. Injuries of the head, it has been long noticed, are especially liable to be followed by hepatic abscesses, and in the above circumstances we have a satisfactory explanation of the fact. In like manner cancer of the breast may be the source of cancerous tumors in the lungs and liver, the cancer-cells, like the pus-globules, being disseminated through the veins. In view of all this our author thinks that—

"It may be considered established, that the abscesses which form in the liver and other organs, after surgical operations and injuries of the head or limbs, are owing to suppurative inflammation of a vein, and the consequent contamination of the blood by pus. The globules of pus, mingled with the blood, are conveyed to the capillary vessels of the lungs, and, it would seem, by becoming mechanically arrested there, excite circumscribed inflammation and abscess. If any of the globules pass through the capillaries of the lungs to the left side of the heart, they are sent in the arterial current to other organs, and becoming arrested in the capillaries of these

organs, excite, as in the lungs, inflammation of limited extent, rapidly passing on to abscess."

Thus far the author has alluded only to inflammation of those veins which return their blood immediately to the vena cava, in which case the pus must pass through the capillaries of the lungs before it can be sent to other organs. But there are veins in the body of a different destination—those that go to form the vena portæ. One of these becoming inflamed, the pus goes not to the lungs first to be detained in them, but to the liver where it sets up suppurative action. Cruveilhier found it so; for when he injected mercury into one of the veins that feed the vena portæ, it was stopped in the liver, and became the source of abscesses there, just as it led to the same in the lungs when injected into the crural vein.

"He injected mercury into one of the mesenteric veins of a dog. At the end of twenty-four hours, the dog died, and the surface of the liver was found sprinkled with small spots of a deep red color, which extended four or five lines into its substance. In the centre of each of these red masses was a small globule of mercury."

Injury of any of these veins is often followed by abscess of the liver. Cruveilhier relates a case where it was consequent upon repeated attempts to return a prolapsed rectum. It has been known to result from operations on the rectum and for strangulated hernia. Hence our author concludes there is a third, and much more frequent cause of abscess of the liver than either of those mentioned: namely, *ulceration of the intestines, stomach, gall-bladder, or ducts*, all of which return their blood through the liver.

A connexion between abscess of the liver and dysentery has long been noticed, but in the opinion of Dr. Budd they are associated far more frequently than has been generally imagined. Thus, in twenty-nine cases recorded by Annesley, in India, there were twenty-one in which ulcers were discovered in the large intestine; in two others the bowel was otherwise diseased, and in the remaining cases, our author thinks

it probable, ulceration of the intestines existed but was overlooked. Of thirteen cases in which he made the autopsy, nine presented ulcers either in the large or small intestines, or in the stomach. Andral and Louis, without suspecting any connexion between ulcerated intestine and abscess of the liver, of sixteen cases noticed ulcers in the bowels, stomach, or gall bladder in eight, or one half. Of the others, one was caused by a blow, and four seemed the consequence of phlebitis. It is worthy of remark that in the latter five cases no ulcers were found in the stomach, intestines, or gall-bladder; deducting these cases attributable to other causes we have eleven left, which must be referred to ulceration in one or the other of these parts.

The author multiplies facts tending to the same point, but we do not deem it necessary to add to the testimony in favor of his position. Admitting then that abscess of the liver, where not dependent upon mechanical violence, is for the most part connected with ulceration of some part of the alimentary canal, the question may arise, is this from a spread of inflammation to the liver, or from some contamination of the portal blood? Obviously, Dr. Budd maintains, from the latter cause, and he goes on to say—

"This may be either by *pus*, formed by suppurative inflammation of one of the small intestinal veins; or by matter of other kind resulting from softening of the tissues; or by the fetid gaseous and liquid contents of the large intestine in dysentery, which must he absorbed and conveyed immediately to the liver. It seems probable, that contamination of the first kind usually gives rise to small scattered abscesses; of the last, to diffuse inflammation, and a larger, perhaps single, collection of pus. If the morbid matter be such, that it does not mix readily with the blood—as globules of pus or mercury—it will cause small, circumscribed abscesses, the rest of the liver being healthy. If, on the contrary, the morbid matter be readily diffusible in the blood, all the blood will be vitiated, and diffuse inflammation result."

But, he holds, it is not every form of ulceration of the stomach and intestines, that gives rise to abscess of the liver. It

is not apt to result from the ulceration attendant upon typhoid fever; nor from ulceration of the duodenum after burns, or of the intestines in phthisis. It seems to occur chiefly in conjunction with the sloughing ulceration in acute dysentery; "and with chronic ulcers attended with thickening and induration of the sub-mucous areolar tissue."

Not more than one of the causes assigned by our author for hepatic abscess is found, it would appear, in the same subject, and this circumstance is strongly confirmatory of his view of the origin of that malady. Where the abscess could be traced to a blow, or to suppurative inflammation of some vein that returns its blood immediately to the vena cava, there were no ulcers in the stomach, bowels, or gall ducts. And when ulcers were found in the intestines, they were not present in the stomach or gall-bladder.

Congestion, spirit-drinking, and the many other causes to which the abscess of the liver has been ascribed by authors, Dr. Budd contends, do not lead to that result. Ardent spirits excite inflammation, but do not produce abscess of the liver, according to his observation.

The size of these abscesses is often very great,. Dr. B. mentions one which contained two quarts. He quotes a case from Annesley in which an abscess in the liver contained ninety ounces of matter; and one from Dr. Inman in which the quantity of matter was thirteen pints. As to the quality of the matter, he says:

"The matter in an hepatic abscess is usually white or yellowish; and is free from odour, unless when in close proximity to the lung, where it sometimes becomes decomposed and fetid, from the admission of air."

But not to dwell longer on the causes and anatomy of this form of hepatic ailment, we turn next to the *symptoms*, respecting which our author holds the following discouraging language:

"In most works on medicine, these have been described as being much more uniform than they really are. A picturesque

group is sketched, which it seems very easy to identify; but in actual practice, it is far otherwise. The physicians who have had most experience in this disease, confess their inability, in many cases, to distinguish it from other diseases of the liver; and in some, even to pronounce that the liver is the seat of disease at all. Here, as in the diseases of other internal organs, our diagnosis will be much aided by a knowledge of the circumstances under which the disease arises. This knowledge will make us observant of symptoms which would otherwise escape our notice, and will enable us to interpret them rightly."

This obscurity in the symptoms—this absence of all symptoms, in many cases, directly referrible to the liver—he attributes to the circumstance, that "suppurative inflammation is generally partial, and often involves only the *substance* of the liver, the natural sensibility of which is slight."

Among the symptoms—as dry cough, pain in the right shoulder, pain and tension in the right hypochondrium, and the general characteristics of inflammatory fever, there is one to which he attaches special importance;—that is, "permanent rigidity of the muscles of the abdominal parietes, but especially *of the right rectus muscle.*" The following case illustrates the value of this symptom, and deserves to be carefully noted:

"In the autumn of 1837, a sailor, 29 years of age, was admitted into the Dreadnought, immediately on his arrival from Calcutta. He was much emaciated, and stated that he had been ill thirty days of fever, and that during the last ten days, he had vomited every thing he had taken. His belly was much drawn in, and the parietes were extremely rigid, but there was no tenderness on pressure. He was somewhat thirsty, but afraid to drink, on account of the vomiting it immediately excited. My impression was that his disease was gastritis, and I prescribed for him accordingly. The symptoms increased, and at the end of a fortnight he could be got to take little besides toast and water, which he sipped rather than drank. He died about a month after his admission to the Dreadnought. The stomach was found apparently sound, but the liver was the seat of a large abscess, the presence of which was not even suspected."

Abscess of the liver may discharge itself in various ways. Thus, it may burst into the cavity of the peritoneum, if situated on the surface of the liver; or, adhesion forming, it may discharge itself through the abdominal parietes; if on the upper part of the liver, it may perforate the diaphragm and burst into the cavity of the pleura, or, more favorably, may make its way by adhesion through the lungs; or, finally, it may be discharged through the intestinal canal, adhesions having formed between the edge of the liver and the stomach, duodenum, or large intestine.

This malady is of a protracted character, even when not fatal, which is generally the case. The hepatic tissue and the hard gristly substance surrounding the abscess cannot contract; the cavity consequently remains unclosed, and continues to be filled with pus. It is, therefore, a matter of less consequence than would at first appear which direction the pus may take; for if the abscess cannot heal death must eventually occur, although in one case it may be longer averted than in another.

The treatment of suppurative inflammation of the liver, it follows from what has been said, is exceedingly unsatisfactory. If it is caused by phlebitis consequent on a wound or injury of the head or limbs, but little can be done. The general contamination of the venous blood by pus leads to inflammation in the lungs, and perhaps in other parts of the body—a condition of things for which we have no remedy.

Where its origin is in a blow we have more to expect from treatment. Active measures employed early may prevent the formation of matter. Mercury is one of the remedies which have been resorted to in all forms of hepatic disease; but its efficacy in inflammation of that organ is questioned by Dr. Budd; he considers that it is "peculiarly unsuited to suppurative inflammation of the liver."

In some cases there seems to arise a necessity for opening the abscess, but great danger attends the operation. A distended gall-bladder may be mistaken for an abscess—a mistake which would be almost immediately fatal to the patient.

This, however, may be avoided. The gall-bladder distended by bile is globular, circumscribed, hard, and equally resisting in every part; an abscess is soft and fluctuating at its summit, with a hard, resisting base, and is not so well defined.

A second and more serious danger grows out of the circumstance that the liver does not always become adherent to the abdominal parietes; in which case an incision would empty the pus into the peritoneal sac, and occasion sudden death. The directions of the author under circumstances of such uncertainty are the best that could be given.

"I would, then, never recommend opening an abscess of the liver, unless assured by circumscribed œdema, or a slight blush on the skin, that union had taken place between the integument and abscess. When these signs are wanting, and the skin has its natural appearance and color, we can never be sure that adhesions have formed, and if we thrust a knife into the abscess, we run the risk of discharging the matter into the cavity of the peritoneum."

He gives the method recommended by Dr. Graves for obviating this danger. This consists in laying open the abdominal muscles down to the peritoneum, filling up the wound with lint, and then waiting for adhesive inflammation to unite the liver to the side, and for the abscess to open of itself.—Thus we provide against two accidents; but the author enumerates others—as the entrance of air into the wound, which may lead to gangrene, and speedily carry off the patient; and, since the abscess when opened will continue to discharge until the system is exhausted by the protracted suppuration, he concludes that the patient only dies the earlier for our meddling.

Gangrenous inflammation of the liver occurs rarely, but cases of it are related by the author. In one, it followed gangrene of the toes from cold, and seems to have been excited by it; it was accompanied by gangrene in the lungs also. Gangrene, however excited, in one part, has a tendency, in the words of our author, "to cause gangrene in other parts remote from it and not subject to the same influence." He supposes this is

explained by the chemical law, that matter in a state of change tends to bring whatever parts it may touch into the same state of transformation. He quotes Rokitansky to the effect, that he has several times observed gangrene of the liver in connexion with gangrene of the lung, and never without gangrene of some other part.

The section which follows treats of "Adhesive inflammation of the capsule and of the substance of the liver, Cirrhosis, and other forms of inflammation of the substance of the liver." Various causes may excite these inflammations, but the most frequent is the use of spirituous liquors. The case of ascites and vomiting of blood, reported in this number of the Journal is in point. Dr. Budd relates cases marked by the same symptoms. These forms of liver-disease are most frequent in large towns where the poorer classes drink hard; the granular and hob-nail liver, called by the French cirrhosis, is familiarly termed the *gin-drinkers'* liver by English practitioners, so generally may it be traced to indulgence in that potation.

We pass over the symptoms of cirrhosis minutely given by the author, and quote from his remarks on its diagnosis.

"In the early stage of cirrhosis, the symptoms are often few, and present no distinctive, and, to common eyes, no alarming characters—so that it is only by considering the circumstances in which they arise that we are led to perceive their true significance. Slight sallowness of complexion, a dull pain or some degree of tenderness in the right hypochondrium, with occasional feverishness, in a person above the age of thirty, who has been long in the habit of drinking spirits to excess, are almost conclusive evidence of the existence of cirrhosis, even before there is any direct proof that the circulation through the liver is impeded. The symptoms, in themselves, may be slight, but knowledge of the habits of the patient enables us to regard them as tokens of organic and incurable disease. Here, as in so many other cases, it is only by knowing the causes of the disease, or the circumstances under which it usually occurs, that we become watchful of its earliest tokens, and perceive, as it were, the shadows that, in coming, it casts before it.

"When by the progress of the disease the circulation through the liver is so impeded as to cause ascites, the diag-

nosis is much more easy. The cases most difficult to distinguish from it are those in which ascites is associated with great enlargement of the spleen. It now and then happens that a man is brought into our London hospitals with great ascites, and most of the other symptoms of cirrhosis. After a time the ascites diminish, and the spleen is found enormously enlarged. The ascites may completely disappear, and the patient regain health enough for his former pursuits. I have met with three cases of this kind, but have never ascertained by dissection what the disease really is. The spleen is much enlarged, which it is not in cirrhosis, and the complexion may not be sallow, but in other respects the characters of the two diseases are almost identical."

The previous habits of the patient will afford a clue to the nature of his complaint. While peritonitis, which has some symptoms in common with cirrhosis, attacks persons of all modes of life, only the intemperate are apt to be afflicted with cirrhosis. So too of cancer; it is found in the higher classes, and in the temperate; cirrhosis is seldom seen, except among those who have suffered privations, and drunk spirits to excess.

The treatment to be useful must be early applied. The best remedies are then cupping over the region of the liver, with saline medicines, and low diet. But as hard drinkers do not bear bleeding well, the cupping must not be carried too far, or delirium tremens may supervene. When pushed as far as is deemed safe, it may be followed with advantage by a blister. Mercury and iodide of potassium should follow, the former being carried to the point of slightly touching the gums.

Inflammation of the veins of the liver is another form of hepatic disorder treated of in this volume. It may be seated in the vena portæ, or the hepatic veins, and in the trunks or the branches. A blow may excite it, or it may follow suppuration in other parts, as that which results from injuries of the brain. The author supposes that inflammation of the hepatic veins is of more frequent occurrence than is generally believed, being overlooked in post mortem dissections.

The gall-bladder and ducts are subject to various forms of inflammation, styled by our author catarrhal, suppurative, croupal, and ulcerative. These several modifications depend upon the causes which excite the inflammation. The first, he thinks, is not uncommon. It is a mild disease, attended with feverishness, slight pain in the region of the liver, and, if many of the ducts become closed by thickening of their coats, or by the viscid secretion, with slight enlargement of the liver and jaundice. Many of the cases of simple jaundice coming on in healthy persons, and attended with very little pain and fever he ascribes to catarrhal inflammation of the hepatic ducts.

Suppurative inflammation is of a severer form. It sometimes ends in death, cases of which the author reports. Permanent obstruction in the cystic duct is one of the most frequent causes of it.

Croupal inflammation is rare, while ulceration of the gall-bladder is the most common of all the forms of inflammation yet considered. It has been found among the morbid appearances of remittent fever; often it is produced by gall-stones, and seems especially liable to occur in persons in whom the gall-bladder has suffered from former disease. It may lead to various results; as to a discharge of the contents of the gall-bladder into the cavity of the peritoneum, from sloughing of the coats; or to a similar discharge into the duodenum or colon, adhesions having been previously established between them and the gall-bladder; or to abscesses of the liver, as was shown in the chapter on that subject.

The treatment in all forms of hepatic inflammation is materially the same. Early local depletion is the main remedy, and is of the greatest importance. The symptoms, though slight in the beginning, may end in fatal closure of the ducts of the liver, and should be met in the first stage. Our author's words on this point convey a true idea of the importance of a correct diagnosis of the affection and opportune treatment. He says—

"In such cases, our end must be, not so much to relieve the present symptoms, which are often slight, as to prevent those changes of structure, which, slowly it may be, but inevitably, and with much suffering, destroy life. How infinitely valuable, then, is that insight which enables us to see the danger before it is revealed to other eyes, and when alone we can effectually guard against it. This insight we can derive only from knowledge of the circumstances under which these forms of disease occur; knowledge, which gives meaning to symptoms, otherwise vague, and perhaps so slight as to be scarcely regarded."

To local depletion must be added appropriate diet, and the judicious use of mercury. Soda is mentioned as a remedy of value in such cases, and Dr. Budd thinks favorably of it. He also speaks well of taraxacum, as possessing the power of modifying the qualities of the bile.

We come now to another class of hepatic disorders—those which result from *faulty nutrition* of the liver, or *faulty secretion;* among which are enumerated softening of the liver, destruction of the hepatic cells, suppressed secretion of bile, and fatal jaundice.

These affections are less understood than the inflammatory diseases of the liver. They may be divided into two principal groups, the character of one of which is suspension of the secretion of bile; of the other, that the hepatic cells separate from the blood some abnormal matter, which is retained in the liver, adding to its size, and changing its texture and appearance. Fatal jaundice attends this state of the liver. No obstruction to the flow of bile exists, but the structure of the liver is changed; its size is diminished, it is "soft, or flabby, and of a light yellow, or brownish-yellow, or crimson-orange, or some kindred tint."

This condition of the liver may arise from various causes; as poison, malignant fevers, or even mental distress; it is generally soon followed by delirium, or stupor, passing into coma or convulsions. Still it is not necessarily fatal, even after the patient has reached the borders of this state; although it sometimes proves so from mere exhaustion, without delirium, coma,

or convulsions. Having cited numerous cases illustrative of all the shades of this affection, the author concludes with this passage:

"I have brought together from different sources the cases related in this chapter, for the sake of showing that the secretion of bile may be suppressed, and the secreting substance of the liver be more or less disorganized, in various circumstances, and without the occurrence of any process that we are warranted in designating *inflammation.* It would seem that this suspension of the secreting process and disorganization of the liver, may result from powerful and depressing emotions; but that it is far more frequently produced by some poison, introduced from without, or generated in the body by faulty assimilation or digestion. It appears, too, that various poisons, —pus, the poison of serpents, perhaps the poison of some forms of fever, and various others,—may alike stop the secretion of the liver, and lead to the same kind of disorganization of its structure, while their other effects on the system are very different. It is probable, too, that in some cases, as in those last related, the disorganization is produced slowly and gradually, and so *without shock;* while in the more terrible forms of disease, of which instances were before given, the disorganization is sudden and rapid. These circumstances serve to explain the different characters of the illness that attended the suppression of bile in the different cases related. They were many of them cases of essentially different diseases, and having merely this one effect, and the consequences of this effect, in common."

The means of distinguishing jaundice that results from suppressed secretion, from jaundice produced by temporary closure of the ducts, is only easy where the affection follows a powerful emotion, or occurs in the course of purulent phlebitis, or in consequence of some known poisoning, or in several members of a family at the same time, or in quick succession. "In all these instances, knowledge of the cause of the disease, or of some peculiar circumstances under which it may have arisen, gives significance to symptoms that would otherwise be vague and ambiguous." Still, where we have no insight of this kind, and where the cause is unknown to us, we have an important guide in the circumstance that this form of

hepatic disease is almost always attended by *diminution in the size of the liver*, while in most other cases of jaundice that organ is enlarged.

Active purging is the treatment which the author considers best adapted to this form of liver complaint; but until more is known respecting its causes, and while the symptoms are so obscure, we are not likely to have satisfactory proofs of the good or ill effects of any particular plans.

In the succeeding section we have described, Fatty degeneration of the liver—Partial deposit of fat in that viscus—Waxy liver—and the appearances caused by deficiency of fat in the liver. Of these, fatty degeneration is the most common. Fat is natural to the liver, but in the healthy state of the organ the quantity is very small. In the fatty liver it is enormously increased. The hepatic cells are gorged with large globules, and the quantity of oil thus accumulated in a liver may equal in weight, and more than equal in bulk all the other elements of the liver put together. The author relates that Vauquelin obtained from a portion of fatty liver, by boiling, as much as 45 parts of oil in 100 of liver. Nearly half the liver, in weight, consisted of uncombined oil. The fatty liver is thus clearly described:

"A liver that has undergone the fatty degeneration, may be little altered in shape, but it is larger, and paler, and softer, and more greasy, than natural. These changes in its sensible qualities depend chiefly, if not solely, on the interstitial deposit of the oil-globules, and their degree may give us some estimate of the quantity of oil the liver contains. When this is very large, the liver is large in proportion, sometimes twice its natural size, and is generally somewhat altered in shape, being thicker than natural, and having its edges blunter or more rounded. The capsule of the liver is stretched and smooth, and when divided its edges recede. The tissue of the liver is pale, and, generally, throughout of a soft buff color, dotted with brown or red. The brown or red dots mark the centres of the lobules, which are usually large and distinct, and are buff-colored near their margins. The liver is very soft, and greases the hands, or the scalpel, like common fat."

The liver undergoes this degeneration in very different states of the body. Thus it occurs in persons who lead indolent lives, and are at the same time gross feeders, and who from these circumstances grow fat. But it is often found in persons dead of phthisis, and of emaciated frames. Its frequency in consumptions was first pointed out by Louis in his celebrated work on phthisis. He found it present in 40 cases out of 120 of that disease. It seems to be four times as frequent in women as in men. Dr. Home found the liver fatty in ten, and *waxy* in five cases, out of sixty-five persons who died of phthisis; and these fifteen instances occurred, with one exception, in females. Fatty degeneration of the liver in such degree as to be at once recognised is almost peculiar to pulmonary consumption, for while it may be detected by the microscope, or by the practised eye in other diseases, it is only in phthisis that it is easily distinguished by sight as a general rule. But this is not invariable; for in some cases of cancerous ulceration the same condition of the liver is presented, and also now and then in ulceration of the large intestine from chronic dysentery. What is the cause of this degeneration of the liver? Baron Larrey advanced the opinion some years ago, that it results from solution of the fat previously laid up in the body, in a manner analogous to what takes place in geese treated so as to develop their livers, according to the following method copied from him:

"To procure the large livers of geese, for the making of patties, fatted birds are confined in close cages, and then exposed to a graduated heat, being kept at the same time entirely without food, even without water. They become feverish, the fat undergoes a kind of fusion, and the liver grows enormously large. The liver is considered to be in the desired state, when the animal is *extremely wasted*, and the fever increases."

The author inclines to this opinion. The liver, upon this supposition, cannot be considered as essentially the seat of the disease, any more than diabetes can be considered a disease of the kidneys. These organs merely eliminate the ex-

cess of fat and saccharine matter contained in the blood. The latter substance being soluble passes out of the system, leaving the kidneys unaltered; while the oil-globules are pent up in the liver, adding to its size, and altering its texture.

Another question is presented in view of the details given on this subject. Why does the liver become fatty so much more frequently in women affected with phthisis, than in men? One reason may be, that women, as a general rule, are fatter than men, but it must be confessed that the question cannot be satisfactorily answered.

In some cases the fatty condition of the liver is not general, but confined to a small portion. The author mentions one where a deposit of fat as large as a walnut was found, the rest of the liver being quite sound. These cases depend upon local causes affecting the nutrition of a portion of the liver, and not upon a general cause such as phthisis.

This degeneration of the liver in consumptives may be recognised during the life of the patient; but as it causes but little inconvenience in itself, and leads neither to inflammation nor any other secondary mischief, it is not an object of treatment, especially as the disease with which it is associated is inevitably fatal. When it is the effect of gross feeding, the excess of fat will disappear from the liver, as from other parts, on the individual adopting an abstemious mode of life.

A scrofulous enlargement of the liver, to which the next section is devoted, is sometimes met with in persons much wasted by scrofula of the glands or bones, but the matter deposited is different. A similar enlargement is stated by Rokitansky to be produced occasionally by prolonged attacks of ague; but such cases will generally be found complicated with a scrofulous taint. But now and then enlargement takes place without our being able to trace it to scrofula, ague, syphilis, or any of the circumstances to which it is ascribed.

The treatment in this affection of the liver must have reference to the cause. Diet, clothing, sea-air and bathing promise most in cases where it is referrible to scrofula. In such cases the author also thinks well of frictions of iodine oint-

ment long continued. The original malady being faulty assimilation, if we can remedy this, the author thinks we shall probably, in most cases, if not in all, remedy the unnatural condition of the liver, and other secondary affections. At all events, as warned by Dr. Graves, we are not to give up cases of enlargement of the liver too hastily, since sometimes the most unpromising terminate in recovery.

Excessive and defective secretion of bile, and *unhealthy states of the bile* are the subjects next discussed.

The quantity of bile secreted varies with the state and circumstances of the individual, and cannot be considered morbid unless secondary disorders are induced by it. In the slighter degrees of this bilious disorder, there is purging of bilious matter, scalding of the rectum, with slight sickness, bitter taste, and a foul tongue, but without much fever. This state of things is readily corrected by an emetic or purgative. In more severe forms of the ailment, fever, pain and tenderness in the region of the liver, and an altered bilous complexion are superadded symptoms. The illness bears a close resemblance to a slight attack of bilious fever. Bleeding may be embraced in the plant of treatment in such cases, and with calomel and saline purgatives will soon correct the disorder. Our author remarks judiciously—

"The readiness with which these attacks are removed, often makes people regard them lightly; but they are important, as evidence of disorders, which, aggravated by time and by continuance in the habits under which they have arisen, may end in some organic disease, or in the total failure of those assimilating processes on which nutrition depends. During the attacks, signal relief is produced by a dose of calomel, or blue pill, followed by saline purgatives. If there should be pain, or tenderness, in the region of the liver, and the patient can well bear it, blood should be taken away by leeches, or by cupping. These measures are generally sufficient for the time, but they do not strike at the root of the evil. Exemption from future attacks, and from the manifold and greater evils to which these disorders may lead as age advances, can only be procured by a change of habits. One of our objects in directing this should be to increase the amount of oxygen

inspired, and thus to consume in respiration, or burn off, materials that would otherwise be left for the liver to excrete. The means most efficacious for this purpose, are sea-voyages, riding, or other exercise in the open air, well-ventilated rooms, early rising, the cold or shower-bath, &c. Too much indulgence in sleep, which so much reduces the activity of both respiration and circulation, must be especially injurious, more particularly in rooms that are ill-ventilated, as most bed-rooms are."

It is of equal importance to reduce the diet of the individual in such cases. Butter, fat animal food, and especially spirituous drinks ought to be proscribed.

The other form of this disorder—*diminished secretion of bile*—is marked by indigestion, in its mildest stage, and when more decided is attended by symptoms of jaundice. In both the treatment is the same, and is that which American physicians have long, and, no doubt, too indiscriminately resorted to in all affections of the liver—mercurial cathartics.

The bile may not only be morbid in quantity, but doubtless also altered in quality, although we are not possessed of much knowledge furnished by analyses of human bile. Chemistry has done little more than teach us that the hepatic secretion is sometimes acid; that at others it contains urea; that some medicines pass off along with it; and that some of its constituents are subject to a change in quality. The latter are recognised by the senses, the bile being too light-colored, or too dark-colored, too thin, or too viscid, and, now and then, containing sparkling scales of cholesterine. This ingredient is apt to lead to the formation of *gall-stones*, to which the next section is devoted.

"The shape and size, and appearance of gall-stones varies very much, according to the circumstances under which they are formed.

"When there is only one gall-stone in the bladder, it may grow to the size of a hen's egg, but is seldom found so large. While it remains small, and can move freely in the bladder, it is generally spherical, but when it becomes so large that it is girthed by the bladder, or can no longer roll freely in it, it

grows most at the ends which are not subject to pressure, and so becomes somewhat egg-shaped.

"Large solitary gall-stones, with the exception of their nuclei, are composed almost entirely of cholesterine, and are, consequently, white and crystalline. They have a soapy feel, and when placed in the flame of a candle, readily melt, and burn with a bright flame. Sometimes the cholesterine is deposited quite pure, and the gall-stone is then quite white, like a ball of camphor, or of white marble. The surface is generally a little rough and dull, but it readily takes a fine polish. When these round or oval stones are sawn through the centre, they are seen to be crystallized in rays, which converge towards the nucleus.

"A circumstance that seems almost necessary to the formation of gall-stones, is the presence of a small mass of solid biliary matter, or inspissated bile cemented by mucus, or some other substance, about which the cholesterine may collect. Almost all gall-stones have a nucleus, not of cholesterine, which must of course, have existed before them. An excess of cholesterine is not, of itself, sufficient for the formation of gall-stones."

But other elements than biliary occasionally enter into the composition of gall-stones. Our author speaks of *chalky concretions*, composed chiefly of the phosphate or carbonate of lime, as being found in the ducts, gall-bladder, or substance of the liver. He quotes a case from Andral, in which three small calculi of phosphate of lime in the gall-bladder of a man 50 years of age led to his death. Other cases are on record, and Dr. Budd states that in the livers of sheep such chalky concretions are by no means rare.

As in fatty degeneration of the liver, females appear to be the greatest sufferers here. It is the experience of Dr. Prout, whose admirable work on the stomach, we noticed a year ago, that four or five cases of gall-stones occur in women for one in men, and the observation of our author has brought him to the same conclusion. These bodies produce various effects upon the bladder and ducts. One of these is closure of the cystic duct, by which the office of the gall-bladder is destroyed, and indigestion brought about; but as the future passage of gall-stones is thereby prevented, the author thinks

the patient may gain by the obstruction. The subject is continued in the following passage which, notwithstanding its length, we are induced, on account of its great interest, to extract:

"If the gall-stone pass through the cystic duct, it generally passes also through the common duct, which is larger and straighter than the cystic duct. If it pass slowly, and be large enough completely to block up the duct and prevent the flow of bile into the intestine, it soon causes jaundice and dilatation of the gall-ducts behind, and of the gall-bladder. The distension of the gall-bladder may be so rapid, and so great, that, on some trifling effort, as that of coughing or of vomiting it may burst, especially if its coats were previously diseased,—and its contents be poured into the cavity of the peritoneum. Several instances of this kind have been recorded. The gall-stone may also become *fastened* in the common duct, and may lead to permanent closure of the duct below it, by adhesion, and consequently, to permanent jaundice and all the other evils which obliteration of the common duct occasions. Sometimes, a large gall-stone gets permanently lodged in the lower end of the common duct, without completely closing it. That part of the duct which embraces the stone, participates in the dilatation of the ducts behind, and bile still passes round the stone into the intestine. This, however, can scarcely happen without much impeding the flow of this fluid, and leading to occasional jaundice, and, in the end, to great dilatation of the hepatic gall-ducts, and greater or less destruction of the secreting element of the liver. But, as before remarked, a gall-stone seldom rests long in the common duct. After a time, which seldom extends beyond a few days, it passes into the intestine. One is occasionally surprised, considering the natural size of the common duct, at the large size of a gall-stone, which has passed through the ducts, without ulceration, into the intestine. A stone, as large as an almond, or larger, may escape in this way. The circumstance shows to what an extent the ducts may be dilated by a constant, and gradual increasing, fluid pressure. When the ducts have been much dilated, they return to their natural size very slowly. The common duct has been found as large as the finger, or even larger, a considerable time after the passage of the stone by which its dilatation was caused."

Inflammation may be excited in the coats of the ducts by the lodgment of gall-stones. At other times, fatty degeneration of the coats seems to be the effect of their mechanical irritation. Again, ulceration of the bladder and ducts results from their presence; and this, in turn, may lead to hepatic abscess, though such a result is probably rare. But long as is this train of evils, flowing from these deposits in the liver, we are not to conclude that their existence is invariably marked by such suffering. On the contrary, according to our author—

"Gall-stones may exist in the *bladder* a long time, without giving rise to any symptoms that are noticed. They are frequently found, and sometimes in great numbers, in persons who during life had no ailment referrible to the liver that could lead one even to suspect them. While stationary in the bladder they give rise to no symptoms, unless they are so large, or so numerous, as to distend it, or unless there be at the same time ulceration or inflammation of its coats. In such cases, they cause a sense of weight or uneasiness in the region of the gall-bladder, or pain in that part, which is felt chiefly after meals, and which sometimes extends through to the right shoulder-blade, or even to the right arm. The pain or uneasiness is increased by a deep breath, or by certain movements of the body.

"The fact that gall-stones often exist without causing pain is explained by the circumstance that the gall-bladder does not contract on the stones, and is perhaps seldom completely emptied, and that gall-stones are so light that they are suspended in bile, and in consequence exert no pressure on the coats of the bladder by reason of their *weight.* It may also be owing in part to the little sensibility to pain which the gall-bladder has when not inflamed."

The next chapter treats of *cancer*, and *hydatids* of the liver, and is full of instruction. The first is necessarily fatal; the treatment can only be palliative. Hydatids are sometimes cured by an effort of the constitution, which is made in one of two ways. The first is by a secretion of a thick matter, like putty, within the sac, by which the tumor is made to grow less, and ceases to disturb the system.

"The second mode of termination—the opening of the tumor and the discharge of its contents through the walls of the belly, or through the intestinal canal, or through the lung—is often followed by obliteration of the sac, disappearance of the tumor, and complete recovery; but it is not unattended with danger. As before remarked, by the admission of air, or otherwise, suppurative inflammation may be set up within the sac, the discharge of the natural contents of the sac may be followed at the end of some days by the discharge of pus, which may continue so as to exhaust the strength of the patient. The probability of a favorable result from such an opening is greater the younger the patient and the more recent the tumor—or rather, the greater the elasticity of the walls of the sac. It is the elasticity of the walls of the sac that closes the cavity as its contents escape and prevents any subsequent mischief."

Common salt, and iodide of potassium are mentioned by our author as articles supposed to have the power of arresting the growth of hydatid tumors.

Jaundice is the subject of the concluding chapter in this interesting and instructive volume. This, the author remarks, is a mere symptom which may occur in most diseases of the liver, but then it is a symptom so striking, and an element of so much moment in any case in which it may happen, that a separate consideration of it is required. It may be produced in two ways—by an impediment of the flow of bile into the bowel, and its absorption; or by defective secretion on the part of the liver, the bile not being separated from the blood.

In the greater number of cases the cause is to be found in the latter condition. Often where death has resulted from jaundice no bile has been discovered in the gall-bladder and ducts, showing that the secretion had become null. When this is the case, the bile is eliminated in most of the secretory fluids. It passes off with the urine, with the perspirable matter, the tears, the milk, the mucus and serum of the several passages and cavities. The skin, next to the liver, becomes the most deeply jaundiced, which the author thus accounts for:

"The deep jaundice of the skin doubtless depends on the biliary matter being separated from the blood by the secreting cells of the skin, as it is naturally by those of the liver. The skin and the liver are allied in their office:—both excreting superabundant fatty matter. Many of the constitutional states that favor the secretion of the one, favor that of the other. The skin becomes, thus, in some measure, an index of the manner in which the functions of the liver are performed. Horse-exercise, which clears the skin, clears the liver; mercury, our most effective cholagogue, is excreted in large quantity by the skin."

For the most part, jaundice is attended by bad digestion, impoverished blood, and emaciation; but the author quotes cases from Graves and Stokes in which, after the onset of the disease, "the derangement of the digestive organs subsided, the appetite returned, the bowels became regular, although the stools did not contain a particle of bile, and nutrition continued unimpaired, although the disease had in one case lasted for eight months, and in the other for two years." These facts teach us, that we have attached too much importance to the bile as an agent in digestion; they prove, at least, that a soluble state of the bowels, and adequate nutrition may be maintained when this secretion is deficient, if not entirely shut out from the bowels. The author mentions a man "who was pretty well nourished after four years of jaundice, during which the flow of bile into the intestine seemed to have been completely prevented."

In the worst cases of jaundice, delirium and coma are prominent and fatal symptoms. They depend, says the author, not merely "on the secretion of bile being suspended, but on the poisoned state of the blood, or on the rapid disorganization of the liver, by which the suppression of bile is caused."

The causes of jaundice are very various; obstruction in the gall-ducts, as by a gall-stone passing, cancerous disease of the liver, or inflammation from drink, constipation, pregnancy, spasm of the gall-ducts, are among them. But in the greater number of cases the affection results from the secretion of

bile being suppressed or deficient, the causes of which again are various; but we shall not stop to recite them.

"Since, then, jaundice may arise from such various causes, and be a symptom in diseases so different, it is clear that we cannot foretell its issue in any given case, or have well-grounded confidence in our treatment, unless we can pass from the jaundice to the particular disease of the liver on which it depends, or to the particular cause by which it is produced."

In many cases, this is done without difficulty, the symptoms present at the time, or the previous history pointing to the precise condition of the liver of which the jaundice is symptomatic. In respect to the treatment, the author proposes nothing new.

An exceedingly interesting chapter on the *liver-fluke* in sheep is appended to the volume, this parasite being the cause of the *rot* in that animal. Modern researches show that it is also an occasional resident in the human liver, though so rarely that Dr. Budd is not willing to regard it as a cause of disease.

Here we close our extended notice of this work, and in doing so we feel no fear that our readers will charge us with having made it too long. It is far the most valuable contribution made in latter years to our knowledge concerning liver diseases, and will not be esteemed the less so, because it abates somewhat the universality of such disorders. This, undoubtedly, will be its effect. It gives positive information touching the morbid states of the liver, about which there has been so much speculation, and when we have learned what are the reliable signs of disease in it, we shall not be so prone to make it the fountain of every vague disorder.

ART. IV.—*Phrenology Examined.* By P. FLOURENS, Member of the French Academy, Perpetual Secretary of the Royal Academy of Sciences, (Institute of France), Member of the Royal Societies of London and Edinburg, of the Royal Academy of Sciences of Stockholm, of Munich, and of Turin, &c. &c. Professor of Comparative Physiology at the Natural History Museum at Paris. Translated from the Second Edition of 1845, by CHARLES DE LUCENA MEIGS, M. D., Memb. Amer. Phil. Soc., &c. &c. Philadelphia: Hogan & Thompson. 1846. (16mo. pp. 144.)

Phrenology, having long bestrode the earth "like a Colossus," has, at last, met an assailant in one of the first anatomists and physiologists of the age. The foeman is worthy of the steel of Gall himself, if he could return from the grave. M. Flourens is distinguished even among the savans of the French metropolis, and he denounces phrenology as "a bad philosophy." We are phrenologists; but we desire the truth. If we have been confiding in an unsound doctrine, let us be made to see our error, and we shall renounce it. It is but fair, at least, to M. Flourens, as it is due to truth, that his objections should be heard and pondered.

The ground-work of his examination is Gall's great work on the Anatomy and Physiology of the nervous system, the fundamental propositions of which are, that the understanding resides exclusively in the brain, and that each particular faculty of the understanding is provided in the brain with an organ proper to itself. "Now," says M. F., "of these two propositions, there is c rtainly nothing new in the first one, and perhaps nothing true in the second one."

This is strong ground, but, as to the first proposition, it is unquestiona' ly true. It was no discovery of the great phrenologist, that the brain is the organ of the mind; such a claim was never set up by him. This being settled, then, we go on at once to the arguments in support of the second proposition; nam ly, that there is nothing new in the science of organology and we shall give the arguments in the author's own language. He states the phrenological doctrines thus:

"Gall's philosophy consists wholly in the substitution of *multiplicity* for *unity*. In the place of one general and single brain, he substitutes a number of small brains: instead of one general sole understanding, he substitutes several individual understandings. These pretended *individual understandings* are the *faculties*.

"Now, Gall admits the existence of twenty-seven of these faculties, each one of them (since each one is a peculiar understanding) endowed with its perceptive faculty, its memory, its judgment, its imagination, &c.

"Hence, there are twenty seven perceptive faculties, twenty-seven memories, twenty-seven judgments, twenty-seven imaginations, &c.

"Hence there can be nought but the faculties; and, according to Gall, these faculties are so distinct, that he attributes to each particular one a separate organ. He divides the understanding into little understandings."

Upon which Flourens remarks—

"Under the title of *fundamental faculties*, Gall confounds all things together—the passions, the instinct, the intellectual faculties. These faculties, which are at the basis of his whole philosophy, he knows not even how to denominate them. He calls them instincts, inclinations, senses, memories, &c. There is a memory or sense of things, a memory or sense of persons, &c He confounds the instinct that leads certain animals to live in elevated regions with pride, which is a moral sentiment in man; the carnivorous instinct with courage; he believes that conscience, (which is the soul judging itself,) is nothing but a modification of a particular sense, the sense of benevolence, &c.

"The hesitation of his mind is visible every where.

"'I leave it to the reader,' says he, 'to decide whether the fundamental faculty to which this penchant relates, should be denominated senses of elevation, self-esteem,' &c.

"'To speak correctly,' continues he, 'firmness is neither a penchant nor a faculty; it is a mode-of-being, which gives to a man a distinctive quality, which is called character.'

"Finally, he writes the following paragraph, perhaps the most singular one that he ever wrote, for it shows in the clearest manner how little confidence he had in his own psyco logy.

"'If we are materialists because we do not admit the existence of a unit-faculty of the soul, but recognise several pri-

mitive faculties, we ask whether the ordinary division of the faculties of the soul into understanding, will, attention, memory, judgment, imagination, and affections and passions, expresses nothing more than a primitive unit-faculty? If it be asserted that all these faculties are merely modifications of a sole and same faculty, what can hinder us from making the same assertion as to the faculties whose existence we do admit.'

"To be sure, nothing prevents you. Or rather every thing constrains you to do so. There is therefore one sole faculty, of which all the other faculties are but moods. You return then to the common philosophy, and consequently you no longer possess a peculiar philosophy.

"The problem proposed by Gall is at the same time physiological, psycological, and anatomical.

"In our first article an account has been given of Gall's *physiology*, and it has been shown to be generally disproved by direct experiment. In the present one his *psycology* has been examined, and it is confuted by the consciousness (*le sens intime*). It only remains for us now to examine his *anatomy*."

The estimate put by Flourens upon the anatomy of Gall is not very high. He says:

"The truth is: Gall never had any settled opinion upon what he called the organs of the brain; he never saw those *organs*, and he imagined them for the use of his *faculties*. He did what so many others have done. He commenced with imagining a hypothesis, and then he imagined an anatomy to suit his hypothesis.

"But as to the pretended *organs of the brain*, are they really situated at the surface of the brain, as Gall asserts? In plain terms, is the surface of the brain the only active part of the organ? Here is a physiological experiment that shows how very much mistaken Gall is.

"You can slice off a considerable portion of an animal's brain, either in front, behind, on one side, or on the top, without his losing any one of his faculties.

"The animal may, therefore, lose all that Gall calls surface of the brain, without losing any of his faculties. Therefore it cannot be that the organs of the faculties reside at the *surface of the brain*.

"And comparative anatomy is not less opposite to Gall's

opinions than is direct experiment itself. I shall not follow him here in the detail of his localizations. How could these localizations have any meaning? He does not even know whether an organ is a *fascicle of fibres*, or a *fibre*.

"For example; he places what he calls the instinct of propagation in the cerebellum, and what he calls the *instinct of the love of offspring*, in the posterior cerebral lobes; and he looks upon these two localizations as the very surest in his book.

"'I should wish,' says he, 'that all young naturalists might begin their researches with the study of these two organs. They are both easily to be recognised,' &c.

"What! The cerebellum, so different in its structure from the great brain, is the cerebellum, like the brain, to be considered an organ of instinct? And what is more, is it to be regarded as the organ of a single instinct only, while the brain shall have twenty-six of them?

"I have already said that the cerebellum is the seat of the principle that presides over the locomotion of the animal, and that it is not the seat of any instinct.

"Gall places the love of offspring in the posterior lobes of the brain. Now, the love of offspring, and especially maternal love, is every where to be found among the superior animals; it is ound in all the mammifera, in all the birds. The posterior lobes of the brain, therefore, ought to be found in all these beings. Not at all: the posterior lobes are wanting in most of the mammifera; they are wanting in all the birds.

"Gall locates the faculties that are common to both man and animals, in the posterior part of the brain; in the anterior part he places those that are peculiar to man alone. According to this plan, the most *persistent* portion of the brain will be the posterior portion, and the least persistent the anterior portion. But the inverse of the proposition holds. The parts that are most frequently wanting are the *posterior parts*, and those that are most invariably present are the *anterior parts*."

If, he says, from the brain, we pass on to consider the cranium, "all the foregoing is found to be of still greater force." The cranium, Gall himself admitted, represents the superficial configuration of the brain but very imperfectly. The author wonders that, in view of this, Gall should have ventured to "inscribe his twenty-seven faculties upon the

skulls." He quotes a cruel remark from Vimont, an able anatomist and decided phrenologist, that "Gall's work is fitter to lead into error than to give a just idea of the seats of the organs." Still, he adds, "this same M. Vimont inscribes twenty-nine names on the skull of a goose."

The author states his own views respecting the functions of the brain in the following passage:

"The brain, en masse, the *encepha'on*, is then a multiple organ; and this multiple organ consists of four particular organs: the cerebellum, the seat of the principle that regulates the movements of locomotion; the tubercula quadrigemina, seats of the principle that regulates the sense of sight; the medulla oblongata, in which resides the principle that determines the respiratory motions; and the brain proper, the seat, and the exclusive seat of the intelligence.

"Therefore, when the phrenologists promiscuously place the intellectual and moral faculties in t e brain, considered en masse, they deceive themselves. Neither the cerebellum, the quadrigeminal tubercles, nor the medulla oblongata can be regarded as seats of these faculties. All these faculties dwell solely in the brain, properly so called, or the hemispheres.

"The question as to the precise seat of the intelligence, has undergone a great change since the time of Gall. Gall believed that the intelligence was seated indifferently in the whole encephalon, and it has been proved that it resides only in the hemispheres.

"Further, it is not the encephalon taken en masse that is developed in the ratio of the intelligence of the creature, but the hemispheres. The mammifera are the animals most highly endowed with intelligence; they have, other things being equal, the most voluminous hemispheres. Birds are the animals most highly endowed with power of motion; their cerebellum is, other things being equal, the largest. Reptiles are the most torpid and apathetic of animals; they have the smallest brain, &c.

"Every thing concurs then to prove, that the encephalon, in mass, is a multiple organ with multiple functions, consisting of different parts, of which some are destined to subserve the locomotive motions, others to motions of the respiration, &c., while one single one, the brain proper, is designed for the purposes of the intellection.

"This being conceded, it is evident that the entire brain cannot be divided, as the phrenologists divide it, into a number of small organs, each of which is the seat of a distinct intellectual faculty; for the entire brain does not serve the purposes of what is called the intelligence. The hemispheres alone are the seats of the intellectual power; and consequently, the question as to whether the organ, the seat of the intelligence may be divided into several distinct organs, is a question relative solely to the uses and powers of the hemispheres."

He adds—

"It has been shown by my late experiments, that we may cut away, either in front, or behind, or above, or on one side, a very considerable slice of the hemisphere of the brain, without destroying the intelligence. Hence it appears, that quite a restricted portion of the hemispheres may suffice for the purposes of intellection in an animal.

"On the other hand, in proportion as these reductions by slicing away the hemispheres are continued, the intelligence becomes enfeebled, and grows gradually less; and certain limits being passed, is wholly extinguished. Hence it appears that the cerebral hemispheres concur, by their whole mass, in the full and entire exercise of the intelligence.

"In fine, as soon as one sensation is lost, all sensation is lost; when one faculty disappears, all the faculties disappear. There are not, therefore, different seats for the different faculties, nor for the different sensations. The faculty of feeling, of judging, of willing any thing, resides in the same place as the faculty of feeling, judging, or willing any other thing, and consequently this faculty, essentially a unit, resides essentially in a single organ."

These objections are weighty, but do not appear to us fatal to phrenology. They, who are doing most to shake public faith in the science, are the phrenologists themselves. Years ago we read the works of Gall, and were told that his chart of the cranium was a true mapping of the brain. Spurzheim afterwards made certain modifications in his chart, introducing new organs, and changing the seats of old ones; and then we were assured that the truth of the cranioscopy was no longer a matter of doubt. It was declared a *certain* science; more exact

than chemistry. Vimont now warns us against the fallacies of Gall's chart, assuring us, that it is better calculated to mislead than to give a just idea of the seats of the organs. And worse than all, the *neurologists* have been overhauling the system, and have so changed its aspect, that Gall would scarcely recognise it as the same. Few organs have escaped the revision of these philosophers, or been allowed to stand where they were first set down; while the number has swelled from twenty-seven to more than two hundred, and is still increasing. They cover, now, not only the front, apex, and rear of the head, but the face, and the neck, and are so crowded that, as remarket by Leuret of the mapping on the head of a goose, "it would be a marvellous thing to be able to write their names upon the brain, and a greater marvel to discover them." Amid these revolutions, following each other in such quick succession, faith is staggered, and we know not what to believe. Doubtless, much error has been mixed up with the truth, and the system is still imperfect. New charts must be made, as multiplied observations show the mistakes of former phrenologists. But we cannot agree with our eminent friend, the translator, "that Gall was wholly mistaken in his views of the human mind; and of course, that all the cranioscopists, mesmerizers, and diviners who have followed his track, or risen upon the basis of his opinions, are equally in error.' Along with the tares there is good grain coming to maturity—not, perhaps, the abundant harvest to which we once looked forward—but still beautiful and promising plants which will prove a blessing to the nations.

ART. V.—*Twenty-Fifth Annual Report of the Bloomingdale Asylum for the Insane.* For the year 1845. By PLINY EARLE, M. D., Physician to the Asylum.

Report of the Pennsylvania Hospital for the Insane. For the year 1845. By THOMAS S. KIRKBRIDE, M. D., Physician to the Institution.

In these reports we find the usual amount of statistics, showing that good men are still successfully laboring to ameliorate the condition of the insane. Dr. Earle states that at the Bloomingdale Asylum—

"The year was commenced with one hundred and four patients, of whom fifty-four were males and fifty females. Since that time, one hundred and thirty-eight cases, of which seventy-one were males and sixty-seven females, have been admitted, making the whole number of cases under treatment during the year two hundred and forty-two, of which one hundred and twenty-five were males and one hundred and seventeen females.

"One hundred and thirteen cases,—fifty-eight males and fifty-five females,—have been discharged. Seven males and five females have died, leaving now in the Asylum one hundred and seventeen patients, of whom sixty are males and fifty-seven females.

"Of the cases discharged, sixty-one were cured, twelve much improved, twenty improved and twenty unimproved, being discharged at the request of their friends.

"Four of the patients who are recorded as much improved, became entirely well soon after their removal. Several others who were believed to be curable, were prematurely taken away, thus losing the advantage which might have accrued from a longer residence in the Asylum."

Among other substantial reasons why more ample provision for the insane should be made, in every part of the country, is the unquestionable fact that madness is becoming a more frequent malady among our people. The following are Dr. Earle's remarks on this subject:

"The number of patients admitted during the past year, as compared with the annual admissions for several of the pre-

ceding years, being assumed as the data upon which to found an opinion, the necessary inference is, that mental disorders are increasing. Whether the increase be in a greater ratio than that of the population of the City and its adjacent country, is a proposition which cannot easily be demonstrated. However this may be, it is an unquestionable fact, that the exciting causes of mental alienation were never, in time of peace, more active, among any people, than at the present day among the inhabitants of the United States; and particularly so in the States which, bordering on the Atlantic, were the earliest peopled by European emigrants.

"Intoxicating liquors are so cheap that the labor of a few hours will procure enough to addle the brain for a week, and prevent the healthy exercise of reason perhaps a much longer period. The avenues to wealth, place and power, are open to all: the child of the cottager thus entering into the strife of competition with the son of the most wealthy citizen. The progress of civilization and refinement, and the comparative ease with which the products of both nature and art in every quarter of the globe are here obtained, have a direct tendency to foster a luxurious life. Hence human desires and human wants are greatly multiplied, while both mind and body are exerted to the utmost power of endurance to gratify the former and supply the latter. The almost unavoidable effect of the artificial mode of living thus produced, is either a debility of the system, or an augmentation of nervous excitability, either of which facilitates the invasion of mental disease.

Art has made advances so rapid towards the annihilation of time and space, that, if life be measured by the proper standard—the number of events, circumstances and conditions, seen, felt or perceived—the amount of pleasure enjoyed and of pain endured—the people of the present generation have an existence of ten-fold longer duration than their forefathers. As if this were not enough, the mind is forced into an activity corresponding with the new era of art.—Children, before the body has acquired sufficient tone, or the brain sufficient firmness, to endure much mental exertion with impunity, are placed in schools where the intellectual faculties are unduly urged, while the physical exercise necessary to the due development of the frame is too often neglected. Under such circumstances, the head will expand, but the body cannot grow in size or vigor sufficiently to maintain 'a balance of power.'"

The age at which derangement comes on is found to be earlier in New York than in Europe. The statement of Dr. Earle on that head is given in the subjoined extract:

"Some European authors maintain that insanity prevails to a greater extent in persons between the ages of 30 and 40 years than in any other decennial period of life. It is proved, however, that in this country the first invasion of the disease is the most frequent in the decade between 20 and 30 years. This fact is corroborated by the cases in the foregoing table. Forty-two of the patients were, at the time of admission, between 21 and 30 years, inclusive, and but twenty-eight, from 31 to 40. At the time of first attack, forty-four were from 21 to 30, and but twenty-seven from 31 to 40."

The relative frequency in the two sexes is thus stated:

"Of males, the single exceed the married, exclusive of widowers, by one. On the contrary, of females, the married exceed the single by eight. Of both sexes, the number of the married is seven greater than that of the single. This does not accord with the general rule deduced from a large number of cases. Of 5,322 patients, of both sexes, received into twelve institutions, 2,777 were single, 2,120 married, and 425 (135 men and 290 women) widowed. Here the number of the single exceeds that of the married, by 657, or very nearly 31 per cent. It is generally admitted that among the insane there are more unmarried than married, and it is a current opinion that prolonged celibacy increases the tendency to mental derangement.

"The number of widowed females insane, is generally much larger than that of widowed males. It will be perceived that twice as many of the former as of the latter were received during the year, and that in the statistics from twelve asylums, the former exceed the latter more than 100 per cent."

Dr. Earle's experience is favorable to the curableness of insanity in persons advanced in years. He says:

"It is generally believed that insanity is curable in a proportion inverse to that of the ages of the patients. This may, to a certain extent, be correct, but it is probable that the rule is of far less general application than is usually supposed. By

consulting the table, it will be perceived that several of the persons who recovered, were somewhat advanced in life.'

The proportion of cures effected is reported in the annexed paragraph:

In Mania 50 per cent. were cured, in Melancholia 57 per cent., in partial Mania 25 per cent., and in Dementia 20 per cent. The number of the patients, however, is so small that it would be unsafe to make general rules from these results. Insanity is not generally susceptible of a rapid cure. The shock to the system is so great that, frequently, even if the patient be brought to the Asylum soon after the commencement of the disease, several months are requisite to restore it to its natural condition.

"There is a strong tendency in the disease, from the time of its invasion, to assume the chronic form; and if this be assumed, the case becomes more difficult of cure. The practical lesson to be learned from this fact, is the high importance of placing the patient under a judicious course of curative treatment at as early a period as possible."

To this, the three facts which Dr. Earle urges, with emphasis, ought to be added, and impressed by the profession upon the community: namely—

"1st. As a general rule, the first measure in the curative treatment of insanity, is to remove the patient from home, from acquaintances, and from all familiar scenes and associations.

"2nd. When the insane are placed under proper curative treatment in the early stages of the disease, from 75 to 90 per cent. recover.

"3rd. On the contrary, if they be not put under treatment before the disease has continued a year or more, from 15 to 20 cent. only, are cured."

We learn from Dr. Kirkbride's report, that the average number of patients in the Pennsylvania Hospital during the past year was 162, and that of these 159 were discharged—80, or one half, cured, 5 much improved, 24 improved, and only 30 stationary, 20 having died. Of the patients discharged cured, 39 were residents of the hospital not exceeding

three months; 26 between three and six months; 12 between six months and a year, and 3 for a longer period than a year.

"Of those discharged 'much improved,' one was under treatment less than three months, three between three and six months, and one for more than a year.

"Of the 'improved,' six were under care less than six months, three between three and six months, ten between six months and one year, and five for more than one year.

"Of those discharged and reported 'stationary,' eight were under care less than three months, seven between three and six months, six between six months and one year, and nine for a longer period than one year."

"Make a melancholy man fat," says old Burton, "and you effect a cure." It was found so at the Pennsylvania Hospital. Dr. K. says:

"Among the *discharges*, have been numerous cases of great interest, many whose recoveries have been very prompt, and several who have regained their health under the most discouraging circumstances. The change in appearance and great increase of weight in some of these, have been such as often to attract attention from all whose official duties brought them in contact with the patients. It has been quite common for an individual to gain twenty or thirty pounds during the period of convalescence and one patient who became perfectly well, increased sixty pounds in his weight in less than two months, a part of the time having an average gain of more than two pounds a day. When most emaciated,—weighing only eighty-seven pounds at one time,—he had a voracious appetite, ate very freely, but lost flesh constantly, and yet manifested no symptom of disease, except high mental excitement. As his insanity subsided, the nutritive functions resumed their healthful condition, and he weighed one hundred and forty-seven before he left us. In a few weeks after his discharge he paid the hospital a visit and had then reached one hundred and sixty pounds, and his acquaintances of a few months before, were quite excusable for not recognising in his portly form, the skeleton-like individual who had been their associate."

The following picture from Dr. K.'s pen shows how many are the comforts that may be thrown around the prison-house of even the hopelessly insane:

"Of the patients who *remain*, are a large number of curable cases and many whose stay in the Institution will be short. Near one hundred, however, are individuals who must, in all human probability, look to this or some similar establishment as their permanent home, and the spot in gathering around which every source of comfort and happiness, they have a deeper interest than in any other. Many of them have already been residents of this hospital and of that in the City of Philadelphia, ten, twenty or thirty years; one gentleman has been under the care of the Institution more than forty-one years, and a lady more than fifty-five years. Both these last are still blessed with an abundant share of physical health, and scarce look older than they did when I first knew them, fifteen years ago. The gentleman retains all the courtesy of character, polished manner and social disposition which eminently characterised him in youth, and which still make him one of the most welcome guests at all our parties and entertainments. In the lady, although her intellect may have suffered more, the affections still flourish in all their original vigor, and she is noted for her kindness, her warmth of feeling, and tender sympathy for all who suffer, and she has Christian sources of consolation, sufficient to atone for all her afflictions. Two others have been forty-two and forty-five years in the hospital.

ART. VI.—*A Treatise on Corns, Bunions, the Diseases of the Nails, and General Management of the Feet.* By LEWIS DURLACHER, Surgeon Chiropodist (by special appointment) to the Queen. Philadelphia: Lea & Blanchard. 1845. (12mo. pp. 134.)

Mr. Lewis Durlacher, Surgeon Chiropodist to the Queen, feeling that the ailments of our nether extremities have been given over long enough to "ignorant and impudent empirics," has made an effort in this little volume to bring them within the pale of science. He thinks, with St. Paul, that the "head cannot say to the feet, I have no need of you," and that since they are necessary to the man, they are deserving of some

portion of his care—worthy, at least, of being kept clean. We agree most heartily with the Chiropodist, and it shall not be our fault, if his earnest voice in behalf of science, and the feet, is raised in vain. We have faith in his candor; for he claims to have discovered no infallible cures. Thus he confesses that he has not found a panacea for corns, although he has devoted nearly thirty years to the search, "and has tried various chemical and other remedial agents." Very naturally he has his fears, "that the public will be somewhat disappointed at the paucity of the remedies" he proposes. The public is taken with polypharmacy, especially if the cures are all *specifics;* or else runs to the other extreme, and takes up with Homœopathy, or the *no* remedy system. And for the reason that he shuns both extremes, Mr. Durlacher stands many chances of failing with the public. But our purpose was not to indulge in such remarks as these, but to give some account of his book.

It opens with a preface, which is followed by an introduction, and in this the author goes into some learned disquisitions on the structure of the skin, referring those who are curious respecting the literature of corns, warts, &c., to the works of Hippocrates, Celsus, Scribonius Largus, Oribasius, Octavius, Horatianus, Aetius, Actuarius, Nonnus, Avicenna, Haley Abbas, Phases, and Alsaharavius. Our curiosity we confess is satisfied with Mr. Durlacher's treatise; others may dive into this sea of learning if they have a fancy for it.

Having finished his preface and introduction the body of the treatise follows, which is divided into thirteen chapters. These treat of the cause and growth of corns; hard corns; callosities; soft corns; festered corns; neuro-vascular corns; vascular excresence; bunions; nails and their diseases; chilblains; the management of the feet.

Of the manner in which the author treats these several topics, we cannot convey so just an idea by any other method, as we shall do by a few extracts. It will be seen that he gives dignity to his subject, and that he is entirely master of it. He has described the various kinds of corns,

and comes to lay down the treatment for the several varieties, when he proceeds with the following description:

"The treatment for the common induration is exceedingly simple. It requires only to be carefully removed by scraping, or cut off with a small instrument made like a scalpel, and afterwards covered with any mild gum or soap plaster.

"Those corns which are formed on the projecting points require to be more carefully attended to, and should be extracted by dissecting round them between the sac and the corn, following its form until the whole of it is detached, avoiding injuring the sensitive skin beneath.

"In cases where the corn is of a conical shape, while dissecting it out, the instrument should be inclined so much inwards that the point shall closely follow the diminishing circumference of the corn to its apex.

"The corn which is situated at the outer edge of the nail, and is imbedded in the semilunar pellicle, demands great dexterity in its removal, as it is very thin and deeply seated, without any surrounding thickening.

"In operating on corns growing under the great toe-nail, the first thing to be done is the removal of as much of the nail as is loose, which can be effected with very little pain, with an ordinary nail-knife, pair of scissors, or nail-nippers, by first slitting it up on each side with the nippers or scissors, and removing the portion of nail thus partially separated with the knife, so as to expose the corn, which is then to be extracted in the usual way.

This form of corn, being produced by accidental causes, when properly extracted seldom or never returns.

"In those cases, where there is a corn situated in the inner flap of the great toe, it is necessary to remove several layers of the cuticle previously moistening them, until the corn is exposed, when it should be extracted. If it extends beneath the nail, a part thereof must be cut away, until the corn is distinctly seen, and then it should be taken out.

"It would be difficult to give more explicit instructions for the performance of these operations. Dexerity in the use of the instrument, in these as in every other operation connected with surgery, can only be obtained by practice and experience. This remark applies generally to the extraction of all kinds of corns."

This work, while it is professional, is not meant to be confined to the profession; nor ought it to be. The management of the feet—of the feet of children, especially—must be left very much to families; and great suffering and inconvenience in after life would be prevented, by the dissemination of the knowledge contained in this little volume among parents. However one may be disposed to smile on reading the title-page, we venture to say that no one who goes through the work will lay it down without a feeling of respect for the good sense, learning, and candor of its author.

ART. VII.—*On the Theory and Practice of Midwifery.* By FLEETWOOD CHURCHILL, M. D., M. R. J. A., Licentiate of the College of Physicians in Ireland; Physician to the Western Lying-in Hospital; Lecturer on Midwifery, &c., in the Richmond Hospital School of Medicine; Author of "a Treatise on the Diseases of Females," &c. &c. *With Notes and Additions*, by ROBERT M. HUSTON, M. D., Professor of Materia Medica and General Therapeutics, and formerly of Obstetrics and the Diseases of Women and Children, in the Jefferson Medical College of Philadelphia; President of the Philadelphia Medical Society, &c. &c. Second American edition. With one hundred and twenty-eight illustrations from drawings by Bagg and others. Engraved by Gilbert. Philadelphia: Lea & Blanchard. 1846. (8vo. pp, 525.)

From the title-page the reader will be able to divine the character of this work, even if he should never have heard of it before; which, however, is by no means a probable case. The author of it is one of the masters in the obstetric art, whose name is known to every reader of English medical literature. His work on the "Diseases of Females," as well as the volume, the second edition of which stands at the head of this article, has been widely circulated in our country, and much esteemed by the profession everywhere. The form in which his "Midwifery" now appears, will recommend it equally to the student, seeking to learn the first principles of the science, and the practitioner, desirous of knowing the opinions of an experienced and judicious writer on any point of

practice. Without being as learned as Ramsbotham, its references are numerous enough for the purposes of most readers, and its practical directions are given with clearness, and at sufficient length. Its illustrations are admirable, and with its full index, clear type, fair paper, and substantial binding, it forms a volume worthy of a place among the standard works on Obstetric Medicine.

We have just risen from the perusal of Dr. Churchill's chapter on *Phlegmasia dolens*, a case of which under our charge has caused us to consult all the authorities relative to that affection within our reach. Of course, in looking through many treatises on the same subject, we have met with much repitition, especially in the works recently published; but in none did we find a fuller or more satisfactory account of all that pertains to the disease than is given by the volume before us.

It will be singular indeed, if, with such writers as our times have produced, and a press teeming with works in which art strives successfully to exhibit nature as she is, we should not have an accomplished race of obstetricians. The study of books, in which all is made as intelligible as the mechanism of labor is rendered by the illustrations of this volume, is not a toil, but a pleasure.

The rank which women hold in society is deemed to be a pretty sure criterion of the civilization of a people. Among savages they are slaves, but as men rise above a state of barbarism, they grow respectful towards the weaker sex, indulgent to their weaknesses, and studious of their happiness. If our profession be tried by this test, it must be pronounced eminently civilized. No branch of the healing art is cultivated with more zeal or assiduity than obstetrics; hardly any other has called forth, in latter years, so many excellent productions.

ART. VIII.—*An Elementary Treatise on Midwifery; or Principles of Tokology and Embryology.* By ALF. A. S. M. VELPEAU, M. D., &c. &c. Translated from the French, by CHARLES D. MEIGS, M. D., Member of the American Philosophical Society; Professor of Midwifery in the Jefferson Medical College, &c. Third American edition. With *Notes and Additions.* By WILLIAM HARRIS, M. D., Member of the American Philosophical Society; Lecturer on Midwifery and the Diseases of Women and Children, &c. Philadelphia: Lindsay & Blackiston. 1846. (8vo. pp. 800.)

This work has been well received by the profession in America, as is shown by the circumstance that it has passed to a third edition. The name of Velpeau is familiar to all medical readers. As a writer, he is voluminous beyond any living medical man, having, it is said, written for the press more than twenty-five thousand pages, amounting to seventy-two volumes; and his age still does not exceed fifty years. Besides these medical works, he is the reputed author of one hundred and forty other articles and memoirs. His industry is wonderful, and he seems to be acquainted with all that has been contributed to medical literature in his own and every other language. The work before us possesses peculiar merits as an elementary treatise on midwifery, and may be profitably placed in the hands of students. Whatever was originally deficient in it has been supplied by the learning and judgment of our countrymen, who have translated and edited the work. Among these additions one of the most elaborate and valuable is a chapter, by Dr. Harris, on *puerperal fever.*

ART. IX.—*A Manual of Chemistry.* By RICHARD D. HOBLYN, A. M. Oxon. Author of a Dictionary of Terms used in Medicine and the Collateral Sciences. New York: Samuel S. & William Wood. 1846. (18mo. pp. 335.)

In this little volume, Chemistry is exhibited in the utmost state of condensation, its leading facts and principles being

brought within the compass of a pocket-volume. Concise as is Fownes's "Chemistry for Students," the work of Hoblyn is shorter. And yet it is lucid, and satisfactory, as far as it goes, forming a manual which the young student will consult with great advantage. Having mastered some such elementary treatise as this, the student is prepared to take up the more elaborate systems of chemistry; but our observation is that most minds are overpowered by the large works when put to their study without any preparatory training, and that, in this way, a distaste not unfrequently is excited to the science. If the learner be very young, let him enter upon the study with Hoblyn for his guide; if more advanced in years and learning, let him begin with the elements of Fownes, and subsequently study Kane, Graham or Turner; and thus, conducted by easy and natural steps, he will be captivated by the developments of a science so rich in wonders, and so manifestly practical and useful, instead, as is now too often the case, of throwing aside his books in despair of ever comprehending its truths. The manual before us is well adapted to the wants of those who are to prosecute the study without the aid of an instructor. It is illustrated by wood-cuts, and gives directions for manipulation sufficiently full for a work of the sort. In a word, it is well suited to the class of beginners, and doubtless will be extensively introduced into schools.

Art. X.—*Elements of Surgery.* By Robert Liston, Surgeon to the North London Hospital, Professor of Clinical Surgery, &c. &c. &c. Fourth American from the last London edition; *with copious Notes* and Additions; by Samuel D. Gross, M. D., Professor of Surgery in the Medical Institute of Louisville, Surgeon to the Louisville Marine Hospital, &c. &c. Illustrated with numerous engravings. Philadelphia: Ed. Barrington & Geo. D. Haswell; Louisville, Ky.: James Maxwell. 1846. (8vo. pp. 664.)

Few works on Surgery have been more popular than the Elements of Mr. Liston. A large edition was issued three years ago, and the publishers now offer to the medical public a fourth, enriched by the indefatigable editor with the modern

discoveries in surgical science. The author well remarks in his preface, that "the rapid advancement made in the pathology and treatment of surgical diseases demands a perpetual revision and correction of the systematic works devoted to this department of the healing art." In this a mutual obligation is implied between authors and practitioners. As it is the duty of the first to reflect the existing state of the science, keeping pace with discovery, so it is the duty of the latter to inform themselves of all that is added, from time to time, to the curative resources of the profession. The authors have faithfully performed their duty in the execution of this work; and its rapid sale shows that practitioners are not unmindful of theirs.

ART. XI.—*Lectures on the Operations of Surgery, and on Diseases and Accidents requiring Operations.* By ROBERT LISTON, Esq., F. R. S., Senior Surgeon to the University College Hospital, and Prof. of Clinical Surgery in the College. *With numerous Additions.* By THOMAS D. MUTTER, M. D., Professor of Surgery in Jefferson Medical College, Philadelphia; Fellow of the Royal Medical and Chirurgical Society of London; Foreign Honorary and Corresponding Member of the Provincial Medical Association of Great Britain; Corresponding Member of the National Institute at Washington; Fellow of the College of Physicians, Philadelphia; Member of the Academy of Natural Sciences, Philadelphia; Corresponding Member of the New York Medical Society; Honorary Member of the Medical Societies of Philadelphia, Virginia, &c.&c. &c. Philadelphia: Lea & Blanchard. 1846. (8vo. pp. 565.)

These Lectures were delivered in 1844, at the University College, London, and published in the London Lancet. Dr. Mütter has rendered a service to his professional brethren in this country by their reproduction in the present form.

This volume embraces all the lectures of Mr. Liston published up to this time, but does not conclude the course. It will be followed by a second, should the publication of the lectures be continued. The additions of Dr. Mütter make nearly one-half of the volume. We have barely room to announce its publication here; but shall seize an early opportunity to notice it at greater length.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

Contagiousness of Puerperal Fever.—Dr. Kneeland, in the January number of the American Journal of the Medical Sciences, comes to the following conclusions on this point:

1. From the confinement of cases to the practice of single physicians and nurses in populous cities; from the fatal results attending post-mortem examinations; from its ravages in hospitals; that puerperal fever is contagious; that it may have other modes of propagation, in certain states of the atmosphere, and among strongly predisposed individuals; but that the fact of its conveyance by practitioners attests its contagiousness.

2. That it may be propagated by direct inoculation with the fluids of the living and the dead; by the effluvia arisng from the bodies of the sick, inhaled in the very chamber of death, (as in the wards of a hospital,) or carried about by the person of the physician; by clothes, bedding, (fomites,) which have been in contact with a diseased individual.

3. That the order of propagation from the physician to the patient, and the regular succession of cases, show that the epidemics of puerperal fever are, in almost all cases, the *effects* and not the *causes* of the contagion.

4. The contagion acts according to the frequency of communication between the physician or nurse, (in whose practice are cases,) and lying-in women, independently of insalubrity of places, wretchedness of patients, or the neighborhood of dwellings—for, although poverty and misery seem to predispose to it, communication is none the less fatal to the higher classes.

A case, to all appearance sporadic, may communicate the disease; a mild case may, communicate a severe disease, and *vice versa.*

6. Immunity proves nothing against contagion; it may be the effect of an acquired or temporary inaptitude—it is equally inexplicable in all contagious diseases.

7. The rapidity of its propagation shows that it is contagious at the commencement; the fatal results of attending autopsies, indicate this character after death.

8. That a physician should not make, or be present at an autopsy of this disease; or, if he does, should take proper measures to cleanse himself and dress, for the safety of his next patient—that if a case (or several cases) occur in his practice, he should consider himself, in the language of Dr. Holmes, "a private pestilence," and regulate his conduct accordingly—that persons who have washed, or have otherwise handled the clothes or bedding soiled by the discharges of this disease, should not approach, much less nurse, a woman after delivery.

9. That when the disease is prevalent, a prompt removal from possible intercourse with a "pestilential" physician, and a strict attention to ventilation, cleanliness, quiet, proper food, &c., are the dictates of a reasonable fear.—*Amer. Jour. of the Medical Sciences.*

Sub-Carbonate of Iron in the treatment of Uterine Hemorrhage. By S. Malherbe, M. D., of Bonvillard, Switzerland. (Translated for this Journal, from the Journal des Connaiscances Medico-Chirurg., October, 1845.)—Why have authors classed the preparations of Iron amongst emmenagogues! Doubtless because they have regarded them as exerting a powerful stimulation on the uterine system, the effect of which would be to provoke menstruation. The result of observations on this point would lead us to expect from their use considerable hemorrhage. Hence, it was not until we had read the learned treatise of Therapeutics and Materia Medica by Professors Trousseau and Pidoux, (article Iron, class Tonics,) in which these authors cite the case of a chlorotic female affected with abundant uterine hemorrhage, and which was successfully treated with lozenges of ferruginous chocolate, that we ventured to use the therapeutic agent in question. We confess that we apprehended effects opposite to those we de-

sired; but our fears were dispelled, and the result has surpassed our hopes, as may be seen by the subjoined cases.

Case I. P——, a mechanic, consulted me in January, 1842, in relation to his wife, who was 42 years of age; strong, robust, of a rather lymphatic temperament, who had menstruated regularly and enjoyed good health, with the exception of a slight uterine hemorrhage which occurred in November, 1841. He stated to me that his wife was suffering great loss of blood and was very feeble—that the hemorrhage was preceded by pain in the lower abdomen and loins, &c. She was, however, still able to attend to her household affairs. We prescribed as follows:

℞. Pulv. sub-carbonate of Iron, 155 grs.
Pulv. cinnamon, - - - - 10 "

Mix, and divide into twenty doses—one to be taken thrice daily in a little sweetened water.

In two days the hemorrhage ceased. She was directed to take the remainder of the doses in order to ensure success, and has had no further return of the disease. Regimen was tonic and analeptic.

Case II. B——, aged 48 years, had menstruated regularly, the mother of three children, of a good constitution, and in the enjoyment of fine health, was taken without known cause, with great uterine hemorrhage. I saw her on the 13th May, 1843, and found her in bed, pale and feeble, with considerable flow of blood. She had been suffering several days with pain in the loins and hypogastric region—was agitated, could not sleep quietly; pulse irregular and frequent; occasional chills. I ordered her:

℞. Pulv. sub-carb. Iron, 180 grs.
Pulv. cinnamon, - 7 "

Mix, and divide into fifteen doses—one to be taken thrice daily in a little tea. Perfect repose. Cooling drinks.

On the fourth day the hemorrhage had entirely ceased. The patient took the remaining doses and continued well. In July following, she consulted me for the same affection. I ordered the same prescription, and with the same success.

Case III. On the 23d September, 1843, I was called to see Miss P——, aged 25 years, of a sanguineous temperament and habitual good health, although irregularly menstruated. On the 26th she suffered hemorrhage, and on the 28th was compelled to take her bed. I found her feeble, pale, with difficult respiration, palpitations, small and frequent pulse, thirst, and pains in the loins and abdomen. The flow was consid-

erable, and increased by motion; no sleep; agitation; apprehension. I prescribed:

℞. Pulv. sub-carb. Iron, 210 grs.
Pulv. cinnamon, - 7 "

Mix, and divide into twenty doses—one to be taken every three hours, in sweetened water. Perfect rest. Crowfoot tea and broth.

30th Sept. Same state—treatment continued. Oct. 1st. Dry cups to the chest; flow suspended an hour after, but returned during the night. 2nd. Flow diminished—nothing but a few coagula discharged; able to sleep. 3rd. Flow arrested; general condition good; the patient can move about—same treatment continued. Convalescence was slow because the hemorrhage had been great; several weeks were required to restore her to perfect health, during which she used animal broths, vegetables, and a little red wine; she also took a tea made with *garmander* (chamedryos amarum) and orange peel. I see her frequently, and her health is perfectly good.

Case IV. On the 23d October, 1844, a female, 62 years of age, robust, who had borne several children, and ceased menstruating, consulted me for uterine hemorrhage of several weeks continuance, brought on by mental distress. She travelled a league to see me; was feeble, pale, had pains in the loins and abdomen, a small and feeble pulse, free respiration, chills, headache, &c. I recommended nourishing diet, rest, and the powders of sub-carbonate of Iron and cinnamon.

I was a long time without seeing her, but met her accidentally in the village, when she told me she had been very much relieved. As she had not taken enough of the powders, I prescribed others; for they should in such cases be continued until the disease be arrested. I have not since seen her.

Case V. B——, aged 26 years, the mother of three children, of a lymphatico-sanguine temperament, generally healthy, was delivered of her last child about a fortnight ago. I was called to see her on the 10th November, 1844, and learned that she had been taken with uterine hemorrhage three days before, without evident cause. Found her pale, with headache at night, sleepless, very feeble, suffering occasional pains in the loins and hypogastrium, thirst, anorexia, with healthy stools, cough, palpitations, small and frequent pulse, hot skin, and occasional chills—the flow was coagulated. I prescribed the same powders, rest, broth, crowfoot tea sweetened, &c. The hemorrhage was arrested on the 12th, and returned no more.

Case VI. R——, 46 years of age, unmarried; sanguineous

temperament, strong, robust, was healthy until her menstruation became irregular and followed by copious hemorrhage, which left but a short interval before the return of the menses. I was first consulted by her on the 9th November, 1844: she was feeble, had good appetite, a little distress in the loins and epigastrium; pulse small and frequent, skin natural. This state had existed three weeks. I prescribed, after her menstruation, a combination of 180 grs. of sub-carb. Iron and 8 grs. of pulv. cinnamon, to be divided into sixteen doses—one of which to be taken every three hours.

Dec. 2d. General condition better—flow diminished. Prescribed 25 more doses of 15 grs. each, to be taken every two hours. 10th. Hemorrhage arrested; strength returning; powders to be continued every third hour. The cure was complete. I will add that, in this case a physician insisted that there was an organic affection of the uterus, &c.

Case VII. V——, aged 35 years, nervoso-sanguineous temperament, medium stature, had had several children, an attack of nervous fever in 1838, but generally healthy until the end of October, 1844, when she experienced pains in the abdomen and lower extremities, occasional chills, palpitations, and headaches. She was suddenly taken with severe uterine hemorrhage, which returned every two or three days. Her state on the 11th November, 1844, is as follows: Pale, restless during the night, pulse small, frequent and irregular, pains in abdomen, lungs and encephalon normal. Prescribed sub-carb. ferri and cinnamon, and quiet. A few days after, she expelled a large coagulum, containing a macerated and bloodless fœtus about three months old, which appeared to have been dead for some time. I ordered the powders to be continued in order to arrest the hemorrhage.

In this case the remedy moderated the hemorrhage, but could not arrest it so long as its cause remained. It will be remarked that the abortion was not occasioned by the Iron, for the hemorrhage existed prior to its administration.

Case VIII. On the 25th October, 1844, I was called to see Mrs. D——, aged 25 years, robust, sanguineous temperament, usually healthy, and four months pregnant. She was taken, without known cause, eight days since, with great uterine hemorrhage, preceded by the expulsion of the fœtus; when I saw her, the flow was continuing, face pale and haggard, feeble, warm skin, thirst, little appetite, palpitations, pulse small, frequent and irregular, restless sleep. I prescribed the powders. 29th. Flow diminished. 30th. Flow ceased in the

morning. Powders continued every three hours to confirm the cure.

Case IX. Called on the 14th February, 1845, to see Mrs. V——, aged 27 years, lymphatic temperament, had, in 1843, ptyriasis capitis; otherwise healthy—gave birth to her first child ten days ago, and was taken, without known cause, five days afterwards with considerable uterine hemorrhage. The midwife had used some remedies without success. I found the patient feeble, pale, with lumbar pains, small and rather frequent pulse, general depression, unquiet sleep, and syncope whenever moved in bed. I ordered the powders of iron (210 grs.) and cinnnamon (8 grs.) divided into twenty doses.

The hemorrhage ceased at 11 P. M. She had commenced taking the powders at noon; one every half hour, and then every hour. Broths, herb tea, analeptics, &c., completed the cure.

Case X. C——, aged 31 years, lymphatico-sanguine temperament, good health until the end of October, 1844, but menstruated too freely. Was left quite feeble after each period. She consulted me in April, 1845. Nothwithstanding her weakness, she still had some appetite. Digestion laborious; alvine discharges natural; pulse small and frequent; sleep good; pain in loins and hypogastrium; other functions normal. I prescribed the powders in doses similar to the preceding case; one dose to be taken the two days preceding menstruation and during the three first days of its existence. The desired effect was secured; the flow was less copious, general health better, digestion improved. The remaining doses were taken before the next return of menstruation in order to regulate it. The result was satisfactory, as I had anticipated.

Case XI. On the 23d May, 1845, I was summoned to see Miss L. B.——, aged 24 years, of a sanguine temperament, robust, and of good health. She was taken in the night, without known cause, with very great uterine hemorrhage. I found her feeble, pale, agitated, rigors followed by heat, small, contracted, but resisting pulse, thirst, pain in the loins and hypogastrium, &c. The hemorrhage still continuing, I gave her the powders. On the morning of the 26th the flow was arrested, and health gradually restored.

Case XII. Mrs. M——, 27 years of age, had two children, enjoyed good health, save that the menstrual flux is excessive, and continues five days, being followed by debility and prostration. Indeed her state was rather one of hemorrhage than of menstruation. I ordered her 60 grs. carb. fer. with 8 grs. pulv. cinnamon, to be divided into four doses—one to be taken

at night in a little sweetened water. The first dose diminished the flux; the second lessened it one half. My object being simply to diminish the discharge, my design was attained.

Case XIII. A female, asthmatic, was taken a fortnight after parturition, with violent uterine hemorrhage. I found it very difficult to control, by refrigerants, cold lotions to the abdomen and hands; it would always return in a few days. I was obliged to resort to the sub-carb. of iron in large doses. Since then the hemorrhage has not returned, although convalescence was very slow.

In 1839, I saw a lad 13 years of age, feeble, and who suffered with epistaxis every day for about an hour, which left him weak and dejected, and finally caused his death. Had I then known the use of the sub-carbonate, he might have been saved.

In 1844, I attended Mrs. D——, 32 years of age, of a sanguine temperament, who had been bleeding at the nose several days. A physician thought her case fatal, such was her state of anæmia. Her blood was pale, for she had lost four or five pints of it. I ordered her 180 grs. sub-car. fer. and 15 grs. pulv. cinnam., to be divided into twenty doses—one of which to be taken every two hours. The first doses arrested the epistaxis. All known remedies had been previously used in vain.

The details of my cases may appear too scanty; but I have furnished only the prominent facts, in order not to lengthen this communication. These cases demonstrate that the sub-carbonate of Iron is a good hæmostatic remedy in uterine hemorrhages, even in those which proceed from the presence of the ovum or its appendages. (See case VII.) In all the other cases, the flow ceased in two or three days, and in one of them in ten hours.

The 10th and 12th cases will show that the remedy may be useful in excessive menstruation; that it may moderate and even regulate it. They all teach us that it can be used without hazard. I know that we should not be too exclusive; but, for my part, I prefer this preparation because it is not disagreeable when taken with a little cinnamon. It is necessary to have a good article. M. Bertholet, apothecary at Grandson, has prepared it for me very skilfully, and it always acts satisfactorily. It will be remarked, that the doses do not vary much, and that they were given at greater or less intervals, according to effect. We need no longer be afraid to give it in acute uterine hemorrhage, since it is not an emmenagogue as stated in works on Materia Medica. Nothing but

observation could have convinced me of its opposite effects. I am therefore authorized to state that the sub-carbonate of Iron is not an emmenagogue, but, on the contrary, arrests and moderates the menstrual flux—will arrest internal hemorrhages, and, in short, is a powerful hæmostatic agent. Let this active agent be no longer dreaded. I furnish these cases in the hope that they may prove useful to that extensive class of practitioners whose first object is the relief of their patients. —*Southern Med. and Surg. Jour.*

Phosphate of Ammonia in Gout and Rheumatism. By Dr. Buckler, of Baltimore.—In reviewing the cases which I have published, it will be noticed that thickening in the white tissues, of long standing, has disappeared under the continued use of phosphate of ammonia. Now it is in such cases that the lithic acid diathesis generally prevails, and this agent seems to act here, by depriving the blood for a long time of uric acid and soda, thus creating a demand for these elements in that fluid, and thereby bringing about a re-absorption, as it were, and solution of the superfluous lithate of soda which is deposited in the white tissues. As a result of rheumatism, we sometimes see arthrosis of long standing, where the joints are deformed or dislocated from transformation of tissue, and in gouty subjects we find calcareous deposits, often crippling the joints and interfering with the free play of the tendons. In such cases, we cannot hope for relief in this, or any other agent; but we may relieve the acute attacks which supervene in these chronic cases, and thus save suffering to the patient, and prevent the further increment of calcareous deposit. I have reported only those cases of acute rheumatism in which the phosphate of ammonia was, for the time being, used as a single agent, believing that these would prove more satisfactory to the reader; but I would not be understood as advocating the exclusive use of this remedy; to do this would be the work of an empiric. The leading remedies should be adopted here, as they are in pneumonia, in which disease the lancet is not dispensed with because antimony is used, notwithstanding the efficacy of this last remedy is universally acknowledged.

In acute rheumatism, the disease is seated in the blood, but then there are painful symptoms related with the alteration of this fluid, such as local pain, heat, and swelling in some part of the body, and increased force in the circulation; anodynes

will mitigate the one, and the lancet moderate the other, until the primary indication is fulfilled in restoring the blood to its healthy condition. In the case of a boy aged thirteen, who suffered with acute rheumatism in the shoulder and back of the head, and in whose case there seemed to be some implication of the pneumogastric and glossopharyngeal nerves, there being difficulty in deglutition, great aversion to drinks, and irritable stomach, cups were applied to the back of the head, and the following remedies given with the most perfect relief. Tinct. digitalis ℥j; cyanide potass. gr. iij; hyoscyamus ʒij; phosph. ammonia ʒij; water ℥iv. Two teaspoonfuls every three hours.—*Amer. Jour. of the Med. Sciences.*

Lithotripsy.—Calculus measuring one inch and an eighth in diameter, and composed of phosphate of lime—destroyed in eighteen sittings by Heurteloup's instrument, and causing neither pain nor the loss of one drop of blood. By Paul F. Eve, M. D., Professor of Surgery in the Medical College of Georgia.—In my previous communications on the subject of stone in the bladder, published in the American Journal of the Medical Sciences, and in this Journal, the operation recommended was the bilateral. All the patients upon whom I have thus operated were under eight years of age. It gives me great pleasure to state that the first adult laboring under calculous affection, who has applied for relief, has been cured by the bloodless and painless operation of lithotripsy.

Mr. James M. Layton, aged 34, of Early county, in this State, was kindly directed to me by Dr. Wm. J. Johnson, of Fort Gaines. He had been laboring under symptoms of stone for three years, and ten months ago was sounded by Dr. J., and its existence clearly ascertained. Mr. L. arrived here on the 14th of last November, and the next day, after introducing a large sound and finding an ample urethra and good condition of the bladder, lithotripsy was proposed instead of lithotomy, for which he had come to consult me. On the 15th, the calculus was seized with Heurteloup's crusher, and found to measure thirteen and a half lines, or one inch and an eighth in diameter: this was verified by Prof. Means. Having made the necessary preparations, the operation was performed on the 17th, before the Class of the Medical College. The patient was seated on the edge of a table, the instrument introduced, and the stone secured. By gradual forcible pressure with the hand, it suddenly yielded with a crushing report audi-

ble to many in the room. It gave the sensation of a pretty resisting shell containing more friable materials. To the gratification of all present, the patient immediately voided some of the debris, one or two fragments being the size of buck-shot. The bladder contained about eight ounces of urine. The operation itself did not occupy five minutes. After it, Mr. Layton amused himself with the students in the College museum; he then walked home to the Surgical Infirmary, took a warm hip-bath, and passed a comfortable night.

On the 18th, at 6, A. M., found his pulse 66 in the recumbent position. He had experienced no pain, and had passed other portions of the stone. Prescribed diluent drinks, moderate diet, and the warm hip-bath twice a day. 6, P. M.—Had eaten some chicken from misunderstanding the directions; pulse at 84.

19th. Not so well this morning; feels some soreness along the urethra; has some fullness about the head, and pulse still 84. To take a dose of calcined magnesia at once, and to use the bath. 3, P. M.—Medicine has operated well and to the entire relief of the patient. Came before the Class again; injected 7 ℥ of mucilage into the bladder; introduced the instrument and crushed two fragments.

From this time to December the 5th, the instrument was employed for a few minutes nearly every day. On the 27th of November, the fragments which had been preserved, (for many had been lost as the bowels had been evacuated at different places, and the smaller particles never were collected,) weighed 47 grains. On the 28th, those passed after one sitting weighed 15 grains. December 2d.—What had been collected for the three past days amounted to 65 grains; and for the two last sittings we weighed 55 grains. Total weight of large fragments, exclusive of some known to have been lost, and of the finer particles, 182 grains, or over ℥iii.

On the 4th, I could detect no stone. On the 5th, I made a careful and minute exploration of the bladder, by all the ordinary processes, without finding a particle remaining—the patient insisting he was entirely free of all symptoms. The next day he was examined by three physicians before the class, and pronounced free of calculous affection. He left the same day for his residence, distant about three hundred miles.—*Southern Medical and Surgical Journal.*

On the Effects of Food on the Blood.—Dr. Buchanan has drawn the following conclusions on the state of the blood after taking food:

1. The serum of the blood of a healthy man fasting, is perfectly transparent, and of a yellowish or slightly greenish tint.

2. A heterogeneous meal, such as that usually set on the tables of the rich, renders the serum white.

3. The whiteness may commence as early as half an hour after eating, and may continue ten or twelve, and sometimes as long as eighteen hours, according to the kind and quality of the food, and the state of the functions of the primary and secondary digestion.

4. *Starch*, or *sugar*, probably all vegetable substances destitute of oil, give no whiteness to the serum of the blood.

5. *Fibrin*, *albumen*, and *casein*, and probably *protein compounds* in all their forms, if destitute of oil, give no whiteness.

6. Oils combined, whether naturally or artificially, with protein compounds or with starch, render the serum of the blood white; probably, therefore, oils produce that effect in whatever way taken.

7. Gelatin seems to render the serum of the blood white; this, however, cannot be considered as certainly established, as there may have been some fat in the beef tea which was taken along with the calf-foot jelly in both experiments on which the above conclusion rests.

8. That coagulum of the blood very frequently exhibits, after taking food, a crust of pellucid fibrin, or of pellucid fibrin dotted with more opaque particles, and with little of the contraction technically named "cupping."

9. The appearances of the coagulum just mentioned are much more common after azotized than after non-azotized food.

These conclusions relating to the visible characters of the blood may be considered, with the single exception above mentioned, as well established. The conclusions which follow relate chiefly to the chemical properties of the blood, and are not worthy of the same reliance; but the evidence on which they rest has been laid before the reader, and he must judge of them for himself

1. The substance defined above under the name of Pabulin, is most abundant in the blood a few hours after taking food, sooner or later according to the rapidity of digestion.

2. It is less abundant as the time when the food has been taken is more remote, and is small in quantity after a fast of twenty-four hours.

3. It is much more abundant after azotized, than after non-azotized food.

4. It varies in quality, floating or subsiding, according to the kind of food taken.

5. It is probably analogous in nature to the white substance which gives color to the serum of the blood.

6. The difference between these two forms of this substance probably is, that it is sometimes combined with an alkaline, or earthy salt (chloride of sodium, sulphate of soda, &c.,) and sometimes with an oily body (stearate of glycerine, &c.) In the former case it seems to dissolve completely in the blood, while in the latter it is only partially dissolved, and renders the serum opaque.

7. The azotized principles of the food are probably made to combine, in the digestive tube, with the alkaline, earthy, and oily salts mentioned above; and thus become capable of being absorbed into the blood.

8. The alkaline and earthy compounds are probably absorbed directly by the blood-vessels, while it seems to be well ascertained that the oily compounds are absorbed through the lacteals.—*London Medical Gazette.*

Longings of Pregnant Women.—The appetites and longings of women in pregnancy are indubitable proofs of disordered blood; for, if we knew rightly how to trace effects to their causes, we should find, that the substances for which they long, contain the elements in which their blood is defective. Thus if a woman have a longing for cabbage, greens, radishes, or any species of the Brassica, we may know that sulphur and phosphorus, and most probably hydrogen and nitrogen, are deficient. If she have longing for fish,, we may conclude that gelatine and phosphorus are deficient. If she long for carbon in any shape, it is needed to neutralize the nitrogen and hydrogen in excess—and if she long for lime and magnesia, they are defective. In these matters, physiological observers have done little more than recount the fancies of gestating women, and leave them to the pity or ridicule of medical men. "As fanciful as a pregnant woman," is an old standing proverb.—*Dr. Shearman in N. Y. Jour. of Med. and Surg.*

Headache.—Dr. McCready relates cases of violent headache relieved by the use of the saturated *Tincture of Aconite* in doses of four or five drops taken internally.—*N. York Jour.*

Observations on Acid Rain. By M. Ducres, (Journ. de Pharm., April, 1845)—During the early part of June, 1842, a storm occurred in the town of Nismes, accompanied with much thunder and a large amount of hail. From some peculiarity in the taste of the hail, the author was led to examine it more closely. Having collected a quantity of it, and allowed it to melt, it was found to have an acid reaction, which, upon examination, was found to be due to nitric acid, formed no doubt by the action of electric fluid on the elements of the atmosphere. The occurrence of nitric acid in hail is not new, but the statement of this fact goes to confirm observations previously made.—*American Journal of Science and Arts.*

Gonorrhœa.—When is a patient secure against communicating the disease? Few practitionersof experience but have had questions addressed to them with earnestness on this subject. There are cases in whi h it is of great importance to be able to give a definite answer to such questions. We will quote Ricord's opinion on this topic, and the quotation will also embrace his views of the conduct which the medical adviser is bound to pursue in certain cases of peculiar delicacy and responsibility. Mr. Acton says, "Ricord considers that when the secretion is reduced to a thready mucus, which is transparent, like vermicelli, contagion is not to be dreaded. On the contrary, so long as the secretion is purulent, it is capable of causing a similar complaint in any mucus membrane with which it comes in contact." * * * * "Patients sometimes present themselves to me to know if they may marry. I persuade them against it if they have a simple gonorrhœa; but if it be a virulent complaint,—i. e. Syphilitic—I wash my hands completely of the affair. If they still persist, I tell them that they may give a gonorrhœa to their wives, which, unless cured previously to confinement, may cause a loss of eyesight to the child:—called, however, afterward to cure the lady, I attempt to explain the affection which she has contracted, by speaking of the fatigue of the honey moon, as well as the *dejeuner a la fourchette*, and, in the interim, cure both parties. Such is the part that a medical man often has to play, and many disputes in married life, may be thus avoided, and the Surgeon must lend himself to deception."—*Ricord on Venereal Diseases.*

The Brocchieri Styptic.—Prof. Mott, of New York, in a late clinical lecture, thus alluded to this article, and its discoverer, M. Brocchieri:

"I knew M. Brocchieri when I was in Paris; he is an uneducated man, and a perfect charlatan. When his discovery was made known in Paris, it created some stir; and I made several experiments with it, in connection with several other gentlemen, one of whom was engaged in the preparation of the watar. The subjects of the experiments were strong and healthy sheep, upon whose carotids we operated, and we found that its power to stop hemorrhage was next to nothing, and where the bleeding was arrested it was principally from the pressure made by the large quantities of lint, with which the wound was filled. Therefore, I say, as the result of my experience, that the styptic powers of this preparation are not to be relied upon, for a moment: that it is infinitely less useful than an infusion of rhatany, or tannan, and that it can never take the place of needles and ligature.

The other qualities that have been ascribed to it, of curing diseases, and arresting hæmoptysis, are equally non existant.—*N. Y. Med. and Surg. Reporter.*

Honor to Bichat—His head mistaken for the head of an Idiot.—According to a late number of the New York Courier des Etats Unis, says Dr. Tabor, the remains of this celebrated physiologist and medical writer, after having reposed for forty-three years in the old St. Catharine cemetery, have been transposed, with great pomp, to *Pere la Chaise*. On exhuming the remains, the skeleton was found without the head. The grave diggers thought they had mistaken the bones of some decapitated malefactor for those of the celebrated Professor! but this circumstance, on the contrary, did but establish the authenticity of the skeleton. The following was revealed. When Bichat died, his loss caused Professor Roux, his intimate friend and companion in labor, very severe grief. Wishing to have constantly by him, some souvenir of his friend, M. Roux cut off his head. We will say, *en passant*, that this head was some years after presented to the Phrenological Society, which pronounced it that of an idiot! The famous Spurzheim pronounced the same opinion upon Laplace's head. However, a deputation having besought M. Roux to profit the occasion in relinquishing the head of Bichat, he at first refused, but finally consented, and the body was

re-interred entire. Furthermore, M. Roux is not the only one who has conceived the idea of thus preserving a material relic of a dear friend. When the famous Broussais died, his son cut off the head, and he keeps it in his study.—*Boston Medical and Surgical Journal.*

Death of Medical Men in Boston.—With a pretty strong medical corps in proportion to the population, we recollect of but one death of a physician in the city during a period of nearly a year. That individual's decease was chronicled last week. Notwithstanding the harmony of the profession and their admirable social organization, it was remarked that only four of his medical brethren were at the funeral. It should have been otherwise. All other associations pay a more strongly-marked expression of respect to the memory of their departed members.—*Ibid.*

On the Treatment of Bilious Colic by copious Enemata. By J. S. Paige, M. D., of Oswego, N. Y.—The case which led to my first essay in this mode of treatment occurred in the summer of 1818, when I was called to attend a man, aged about 35 years, who was laboring under a very severe attack of bilious colic. I pursued the rotine of treatment usually followed in such cases, and called to my aid several reputable practitioners of medicine as counsel, and after using various cathartic and emetic medicines, blood letting, opium, a blister on the abdomen, fomentations, general warm bathing, and oft repeated enemas for forty eight hours or more, I found that I had made no progress towards affording my patient even any hope of relief from his almost intolerable condition, when a lucky thought, as it proved to be, came into my mind —that of making a direct application of some degree of pressure upon the constricted portion of the intestine from below, by introducing a large quantity of fluid with a syringe.

I accordingly directed six pints of water, milk, and molasses, which I commenced using with a half pint syringe—the largest at my command at the time—and after using almost the whole of the liquid on hand, the patient began to complain of increased pain and pressure at the point of obstruction, and desired me to desist; but when I made known to him my plan of operations, and that this afforded him the only hope of relief, as I believed, he patiently submitted to

my wishes to retain the fluid and allow me to make a little firm pressure therewith on the constriction for a few minutes, which I did, and on withdrawing the syringe, I, as well as the patient, had the great satisfaction to find that the object of our most earnest desires was accomplished; for copious discharges of fæcal matter took place in a very short time, and an almost immediate relief was the result, only a considerable degree of tenderness and some fever remaining, which, however, soon subsided by the use of mild laxatives, diaphoretics, &c.

Two or three weeks afterwards the same individual had another attack of the same disease, from his own imprudence. I commenced the treatment by overcoming the obstruction in the same way as at first, which succeeded in a very few minutes in giving relief; three quarts of fluid also were used on this occasion.

The success of this plan in these two cases, induced me to commence the treatment of similar cases in the same way, and it has been the uniform mode of my treatment ever since (except in one case of a female where delicacy required a short trial of the ordinary means, and which were soon successful in that case,) and I have never failed in affording speedy relief in any case.

In two cases occurring in another individual, I found it necessary to use six quarts each time before relief was obtained; but I have never found it necessary to introduce more than about three quarts in any case, except in the ones last mentioned.

Since the compound syringe has been introduced into use, we are enabled to force liquids into the intestines with more facility than with the common syringe, and therefore whenever it becomes necessary to use large quantities in this way for any purpose, we have more efficient means of doing it at our command.

The quantity of fluid to be used in these cases must be measured by the demand of each individual case, and the directions I would give for securing the object in view, are, to introduce, on our first arrival at a case of this kind, a quantity of mild liquid, such as warm water, or warm water mixed with molasses, or some mucilaginous fluid, slowly and steadily till the obstruction be reached, and then to keep the instrument, in stitu, a few minutes, and make a gentle but firm pressure with the liquid upon the constriction, for if this precaution be not observed, we may fail of affording the relief we so much desire.

After the bowels are evacuated, and the obstruction over-

come, some mild laxative should be given to gently move the bowels, and this will generally finish the work; and for this purpose a dose of olive or castor oil, I suppose, will be as good as anything, unless the disease depended on a derangement of the liver, as is often the case, and then more active medicines should be used, at the discretion of the physician.

Some of the considerations which urge me to recommend this mode of treatment are, that relief may be more promptly and surely obtain d than by any other method, for although other means may act in time, there must necessarily be some delay, if they be not rejected by vomiting, which usually attends the disease.

Great certainty and promptness, these are strong recommendations in favor of the mechanical treatment, and from what I have seen, I feel very confident that it will succeed in almost all *curable cases* if season bly applied, and there is perfect safety also to recommend it, if used with reasonable caution. The use of large injections may serve other valuable purposes—they may be resorted to in removing intestinal concretions, hardened fæces in obstinate constipation, in reducing intussusception of the bowels, perhaps in removing worms in some cases, also in irritated conditions of the mucous membrane, in dysentery or other inflammations, and in some cases of poisons in the bowels.

From the great extent of the digestive and absorbent tube and its many diseases, I think it not improbable that much may be done by large injections as media of conveying medicinal agents where they may be directly applied in the treatment of diseases in that canal.—*N. Y. Jour of Med.*

Gunshot Wound of the Brain, attended with extensive Cranial Fracture, and followed by complete Recovery.—The following very remarkable case is related by Mr. Ford, of the Madras Medical Establishment, in the L. & E. Monthly Journal of Medical Science, Sept., 1845.—On the morning of the 31st January, 1845, a lad about 15 years of age was brought into hospital with a gunshot wound of the head. He was quite insensible, and breathing stertorously upon admission. Examination, after shaving the head, disclosed the following amount of injury:

The ball had entered the head on a level with, and three-fourths of an inch anterior to, the summit of the right ear, and had made its escape through the left os frontis, an inch

and a quarter above the centre of the eyebrow, fracturing the skull irregularly between both wounds, in such a manner as to implicate and depress the right orbit. The right os frontis, over its sinus, had likewise met with a comminuted fracture, which gave to the touch the crepitating sensation of a broken egg-shell. In addition to this varied fracture, one proceeded upwards and backwards, from the spot where the ball entered to the lambdoidal suture. The vortex was raised and inclined over to the left side, to such an extent as to enable the finger to be laid in the sulcus formed by the gaping margins of the fracture, especially between one wound and the other, and considerable pressure failed to approximate appreciably the edges. The right eye was completely closed by tumefaction, and the sinking of the orbit; strabismus had occurred in the other, and its pupil was but a speck. From the wound in the forehead, blood was trickling, and much had evidently escaped from it, as large clots were still adherent to his face. No spiculæ of bone were detected in either wound. The hemorrhage was soon checked by a cold application, which was continued to the head; the orbit was raised to its proper position; and saline and camphor mixture administered.

The following is a brief abstract of the most prominent symptoms, and treatment of this extraordinary case:

On the 3d February, he became in a slight degree sensible, and answered, Yes, (in Hindostanee,) to each and every question. The brain had gradually protruded since admission, through the outlet at the forehead, and on this date a mass larger than a walnut, and about half an ounce in weight, consisting of cortical and medullary substance, was excised. Pulse 130, and of moderate strength. The saline mixture and lotion were continued, and a purgative draught exhibited.

On the evening of the 5th, delirium, incoherent speech, and other symptoms of cerebral inflammation supervened. The head was freely leeched, and the sero-sanguinolent contents of a large swelling at the posterior extremity of the fracture, contiguous to the occiput, were evacuated by free incision. The whole scalp was puffy. Pulse 160, and distinctly computable. The purgative draught was repeated, and the mixture and lotion continued.

6th. The leeches were again applied.

7th. Some thin semi-transparent pus was seen oozing through the three wounds, including the scarification at the back of the head. Pulse 140, and soft. Medicines continued.

8th. Discharge more copious and purulent, and pieces of

brain, unaccompanied by any fragments of bone, were passed from the wounds caused by the bullet. Delirium had increased. Was directed to take half a grain of the bi-sulphate of quinine, three times a-day; and mutton broth frequently. The wounds were kept open by dry lint.

9th. Stools and urine were passed involuntarily. The delirium continued unabated. The discharge from the wounds was free and healthy.

10th. A puncture was made in the right upper palpebra, near the inner canthus, and exit afforded to about two ounces of thick fetid pus. He remained insensible, and the excretions were voided without his will.

12th. The pus, somewhat fetid; has been plentifully poured forth from the four openings, which have been kept open by pledgets of lint. The puncture made the day before yesterday in the palpebra, is found to communicate now with the wound in the forehead. Pulse feeble, and 130. To have his broth as before. and a grain of the bi-sulphate of quinine thrice a-day.

14th. He appeared to know what was said to him, and the left eye, which he now opened and directed to any object, seemed to possess perfect vision. Made signs for the bed-pan. Discharge free. Delirium at night. The treatment continued.

16th. He evidenced by his acts more perception and intelligence. Discharge healthy and profuse. He took two grains of bi-sulphate of quinine every six hours. Allowed as much animal food as he wished.

17th. Much confusion, anxiety, and irritability of manner existed to-day. Frequent paroxysms of incoherence during the night. Pulse 130, and small. A quarter of a grain of acetate of morphia was ordered to be taken with each dose of the quinine.

19th. Was calmer. Discharge diminished. No incoherency. Treatment continued.

21st. Discharge gradually decreased. Labored under symptoms of fatuity, and replied only "yes," to any question. Had compresses applied to the right os frontis and to the occiput, (the incision near which had almost healed,) and adhesive plaster to the ball wounds. Continue the quinine and morphia. The bowels remained free, without the use of any purgative.

28th. Since last date, the wound at the occiput has healed; and the discharge is now slight from the other three.—Constitutional irritability has been much allayed. Slept and

ate well. Was quite idiotic, and constantly attempted to remove his bandages. Opened his right eye, of which the vision has been injured. The motor power only of the left side has been partially lost. The mouth is drawn to the right. He cannot project his tongue; and his endeavors to do so caused laughter. The doses of morphia and quinine were augmented respectively to half a grain, and three grains. Nitrate of potash, and nitric acid, were likewise prescribed. Compresses, &c., were applied as before.

March 5th. Some dawning of intellect was perceptible to day, and a word of rebuke had a temporary effect in checking his propensity to remove his bandages and destroy his bedclothes. Vision was perfect, and the axes of both eyes were simultaneously directed to any object. Has been disposed to speak. Urine passed in abundance. The exposed surface of the brain at the frontal wound has numerous small vessels traversing it, and it has put on the character of mucous membrane, yet without any attachment to the surrounding integuments of the forehead Pulse large, and 100.

10th. Has decidedly improved in his mental capabilities, and has recognized his friends, including an officer who came to see him, and whose name he distinctly pronounced. When any question has been put to him with a caution, he has replied sensibly. The pieces of the right os frontis have consolidated with one exception, and an angle of a small fragment projects under the integuments at the upper part of the forehead. Contrary to my expectation, no pus has ever been discharged by the nose. The space between the edges of the fracture, posterior to where the ball entered, has closed, but in no way between that and the wound of the forehead. The discharge has been trivial. Two small squamæ of bone have been removed from the wound near the ear. Has walked a little with assistance. No improvement in the use of his left upper and lower extremities; they are employed at will, but feebly; their sensibility, however, has never been involved. The new membrane, remarked as covering the surface of exposed brain, has thrown out exuberant granulations, which have been with difficulty kept down to the level of the frontal teguments, by the liberal application of lunar caustic. Ordered to take, three times a-day, an ounce of compound infusion of gentian, half a grain of morphia, and four drops of muriatic acid. Compresses continued.

To render this report as concise as possible, I conceive I may, without any disadvantage to it, conclude by recording, that from this date, a progressive amendment to complete and

perfect restoration of the patient's health of mind and body took place, under a continuance of the treatment above noted. On the 3d of April he was discharged from the hospital. The vertex is permanently settled to the left side. The skull has not united for about two inches over the temple, where, and at the cicatrix of the frontal wound, the pulsations of the brain can be conspicuously observed. A ridge exists where union has occurred in other parts of the fracture. The wound in front of the ear has closed with ossific matter. The right eye cannot be opened quite so widely as the left, and there exists some thickening of the orbital margin of the frontal bone. The right commissure of the mouth is but slightly retracted. His sleep is refreshing, his appetite hearty, his secretions normal, and he is fleshy and strong. His memory is tenacious, and he can summon to it any bygone event to which he has been a party, with accuracy and promptitude; and he is subject to no hallucination. In short, his senses of hearing, smell, taste, sight, and touch, have not been one tittle deteriorated by the violent and extensive nature of the injury to the brain.

He presents himself occasionally for examination; and he has just now paid me a visit. I cannot learn that his disposition has been in the least altered by his accident and consequent loss of cerebral substance. He is good-tempered and cheerful, which his friends say he has been from his infancy.—*Amer. Jour. of Med. Sciences.*

On the Expulsion and Extraction of the Placenta before the Child. By James Y. Simpson, M. D., F. R. S. E.—All writers on Midwifery concur in the opinion that there is no circumstance more trying to the attendant, or more fatal to the parturient woman than the recurrence of hemorrhage from the presentation of the placenta. So high, indeed, is the mortality arising from this complication, that one woman in three perishes from it, a fatality which is as great as that of cholera, and more so than that of the dangerous capital operations. Such being the case, any attempt, as in the memoir before us, to diminish the fearful risk attendant upon placenta prævia, is, in the words of the author, 'at least entitled to the consideration of the obstetric profession, even should it fail to secure their concurrence and conviction."

The principles of treatment in cases of placental presentation hitherto pursued may be reduced to two:—that which has

been supposed to be chiefly applicable in *partial* presentation, namely, rupture of the membranes; and that which meets with more general approbation, and has been generally considered indispensable in severe "unavoidable hemorrhage," namely, turning. To these Dr. Simpson proposes to add a third—the *complete separation*, and *extraction*, if *necessary*, of the *placenta before the child*. He has been induced to offer this suggestion, from the circumstance, on one hand, that the most serious hemorrhage always occurs when the placenta is only partially detached; and on the other hand from the fact which he establishes upon the evidence of an extensive and well-arranged table of cases, "that when the placenta, in unavoidable hemorrhage, is once *completely* separated from its connexions with the interior of the uterus, the accompanying flooding in general entirely ceases, or becomes moderate in quantity." It virtually appears, from the examination of the table alluded to, that in 5 only of 111 cases in which the extraction of the placenta preceded the expulsion of the child, did the hemorrhage continue so profuse as to be considered alarming by the attendant.

Dr. Simpson displays the value of his new mode of treatment by a comparison of the mortality under it, and that which occurs under the usual method. It has already been stated that in unavoidable hemorrhage treated by turning the deaths are as 1 to 3. Among the 140 cases tabulated by Dr. S. 10 were fatal or 1 in 14. These figures, therefore, show a striking preponderance in favor of the new plan, but favorable as it is under this point of view, it becomes still more so by an investigation of the circumstances attending the death of the 10 fatal cases. Four of these died several days subsequently to delivery, so that they obviously did not die directly from the effects of hemorrhage; and in three others, one died from the consequences of her husband's brutality, and the two remaining from causes unconnected with the placenta, so that, as Dr. S. observes, in 141 cases the deaths are reduced to 3, or 1 in 47.

In the conclusion of this interesting paper the author draws the following deductions:

1. That the *complete* separation and expulsion of the placenta before the child, in cases of unavoidable hemorrhage, is not so rare an occurrence as accoucheurs appear generally to believe.

2. It is not by any means so serious and dangerous a complication as might *à priori* be expected.

3. In nineteen out of twenty cases in which it has hap-

pened, the attendant hemorrhage has been either at once altogether arrested, or it has become so much diminished as not to be afterwards alarming.

4. The presence or absence of flooding after the complete separation of the placenta, does not seem in any degree to be regulated by the duration of time intervening between the detachment of the placenta and the birth of the child.

5. In 10 only out of 141 cases, the mother died after the complete expulsion or extraction of the placenta before the child.

6. In 7 of these 10 casualties, the death of the mother seemed to have no connexion with the complete detachment of the placenta, or with the results arising directly from it, and if we do admit the three remaining cases, which are doubtful, they would still only constitute a mortality of 1 in 47 cases.

7. On the other hand, under the present established rules of practice, the deaths in placental presentation are as high as 1 in 3.—*Lond. and Edin. Jour.—Ranking's Abstract.*

On the Distinction between Infantile Diseases depending upon Inflammation and those which arise from Irritation. By P. Hoon, Surgeon, &c.—The importance of distinguishing between the symptoms of inflammation and irritation cannot be too strongly urged. Every practitioner must have experienced the disappointment which sometimes attends his best endeavors to relieve a suffering child, and been apprehensive of his remedies, more especially when he has had any doubt as to the cause of the disease. But by bearing in mind that morbid irritation exerts a powerful influence over the diseases of children, then treatment becomes more simple, and greater confidence is acquired. This consideration will in a great measure prevent the very common occurrence of the prostration of the strength of the child, at the onset of its disease, by the use of exhausting and lowering remedies. It will lead the practitioner to observe that children's diseases are not so speedy in their termination as is generally supposed, and that where he has hesitated to abstract blood, and has used more lenient means he has been rewarded; that the child, so far from sinking from want of blood-letting, has not only survived, but has proceeded rapidly to recover its health; while under contrary treatment, if it survived at all, its convalescence has been slow and protracted.

The practice of bleeding and leeching is inadmissible in diseases having their origin in morbid irritation. The only instances in which I have ever observed blood-letting and leeches borne with comparative impunity as remedies for what are termed the inflammatory diseases of childhood, have been at the earliest period of the attack, and when the greatest possible care has been taken to limit the quantity of blood taken. But even in these cases I have observed that the children long looked pale and sickly, and that some of them sunk under a renewal of the disease, to which the treatment adopted appeared to render them more liable.

The treatment most successful in allaying irritation comprises emetics, sedatives, and stimulating embrocations, when the lungs are attacked; sedatives, and aperients of a well-regulated strength, with febrifuge medicines when the brain is the seat of the disorder.—*Ibid.*

Statistics of Suicide in France.—The number of suicides in 1843 amounted to 3020; which surpassed that of 1842 by 154; of 1841, by 206; of 1840, by 263; so that there has been a regular increase during the last three years. The distribution of suicides in the different departments is as follows:

Seine, - -	551	Somme, - -	71
——et Oise, -	113	L'Herault, - -	13
——Inferieure,	112	Haute Garonne,	12
Marne, - -	101	Le Gard, - -	23
Nord, - -	80	La Gironde -	26
L'Aisne, - -	78	L'Isre, - - -	30
Seine et Marne,	75	Rhone, - -	44

Of these there were of females, 729, or 24 in the 100. We remark also, 15 of children under 16 years of age; 20 octogenarians; 170 septuagenarians; and 384 sexagenarians. The months most prolific in self-destruction were May, June and July. The most common mode of death was drowning: 1098 adopted this; 954 hanged or strangled themselves; 450 used fire-arms; and 206 destroyed themselves with the fumes of charcoal. Of these latter, 151 were of the department of the Seine, in which Paris is situated. The motives were mostly disappointed love, jealousy, the consequences of debauchery, reverse of fortune, domestic sorrow, and physical suffering. One quarter of them were not of sound mind at the time.—*Revue Medicale.—Ibid.*

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LOUISVILLE, MARCH 1, 1846.

KENTUCKY LUNATIC ASYLUM.

We believe it is admitted, on all hands, that the Lunatic Asylum, at Lexington, does not meet the wants of the community, and is deficient in many things necessary to the comfort and successful treatment of the insane. These defects are pointed out in two communications to the Legislature, which have been placed on our table;—one the "Annual Report of the Directors and Physician;" the other a "Memorial, by Miss D. L. Dix, soliciting an appropriation" for the asylum, "and also urging the necessity for establishing a new hospital in the Green river country." We fervently hope that this prayer may be granted, and that the funds solicited with reference to extending the buildings, and augmenting the means of rendering the patients comfortable, will be placed in the hands of the board of directors without delay. It would be unworthy of legislators in this enlightened age to hesitate about such an appropriation when such interests are at stake. The asylum can never become what such an institution ought to be; especially, it can never produce the delightful results now everywhere looked for from retreats for the in-

sane—the recovery of a large proportion of recent cases of insanity, —without substantial changes and improvements, to effect which the institution must have funds. Kentucky is not satisfied with her lunatic asylum. It does not hold out sufficient inducements to the friends of deranged persons to send them early to the hospital, and thus the period most favorable to a cure is allowed to pass away. Owing to this cause, and others enumerated in the report of the physician, our asylum has not kept pace with other similar institutions, which, from their signal success in restoring the insane to reason, are esteemed among the chief glories of our age.

We heartily approve of the policy of establishing in Kentucky another asylum for lunatics, but it occurs to us that the site for it is Louisville. Not only is Louisville the point most accessible from all parts of Kentucky, but its position on the river would attract the insane who were able to pay from the States of Indiana, Illinois, Arkansas, and Mississippi. Indeed, as several of those States have yet no lunatic hospital, it is probable that their legislatures might be induced to unite with Kentucky in the establishment, at Louisville, of an asylum which should be open to all. In this way, States which may not be able for many years to erect their own hospitals, would have at once a retreat for this unfortunate class of their population. At Louisville the best professional skill could be secured, while its constant and quick communication with all parts of the Mississippi Valley, would afford opportunities for sending the insane to the hospital at an early stage of their disease, a circumstance of the utmost importance since the chances of cure, it is well understood, diminish with the duration of the insanity.

The public are waking up to a sense of their obligations to this class of the afflicted. We are beginning to feel, that lunatics have claims upon our sympathies, and ought to be treated with gentleness and kindness—not locked up, like criminals, in common jails, or dreary houses built expressly for their confinement, to swelter in filth, and be devoured by vermin. But what is done with them where there are not retreats in which they may be made secure, and provided with the comforts of life? The answer "would a tale unfold" too disgusting for the ears of polite society.

LATIN PRESCRIPTIONS.

We think we perceive pretty clear indications that Latin prescriptions, in the United States at least, are going out of vogue. They are still defended by a few, but the great majority of physicians feel that they are a relic of the pedantry of ancient times, when medical books were written, and medical correspondence and examinations carried on in Latin. They are ridiculous; because, as a general rule, they are neither Latin nor English, but a mongrel of the two. They are hurtful to the profession, by maintaining about it that air of mystery and mummery which rendered it, for long ages, the butt of the world. It must be the wish of every sensible man to see it divested of every thing that bears any semblance to humbuggery.

THE BROCCHIERI STYPTIC.

Our readers have seen notices in the public prints of the Brocchieri water, the styptic powers of which are reported to be equal to any hemorrhage. The carotids of a sheep having been cut, the spouting blood was at once checked by the application of a few drops of the water on a little of the animal's wool. There appears to be something magical in it; but the incredulous profession, as usual, turn a deaf ear to these reports. Dr. Mott says he knew Brocchieri in Paris, and that he was a notorious charlatan. A writer in the Boston Medical Journal compares his "water" to Don Quixote's "balsam of Frierabras," and concludes that the modern remedy was outdone by that of the knight, the virtues of which he thus sets forth to his friend Sancho: "It is a balsam of which I have the receipt by heart, and he that has it need not fear death, nor so much as think of dying by any wound. And therefore, when I shall have made it, and given it to you, all you will have to do is, when you see me in some battle cleft asunder, (as it frequently happens,) to take up, fair and softly, that part of my body which shall fall to the ground, and, with the greatest nicety, before the blood is congealed, place it upon the other half that shall remain in the saddle, taking especial care to make them tally exactly. Then you must immediately give me to drink only two draughts of the balsam, and then you will see me become rounder than any apple."

This wonderful secret was lost, and when men were beginning to felicitate themselves that it had been re-tored in the "*aqua Brocchieri*," their visions were put to flight by the assurance that the remedy wa "*too costly for general use.*"

MEMPHIS MEDICAL SCHOOL.

The papers of Tennessee announced, some time ago, that a charter had been obtained for a Medical School in Memphis. A few days since we saw a letter from a physician of that city, from which it appears that arrangements are in progress for putting the School into early operation. He spoke of having obtained a charter, but did not mention who were to be his associates in the enterprise. Memphis promises to become a great city at some future day, and doubtless will be the seat of a flourishing school of medicine. The immediate success of the projected institution will depend upon the character and extent of its equipments.

VACCINE APHORISMS.

Vaccination, at the present time, is attracting an unusual share of public attention, from the circumstance that small pox has obtained a very uncommon prevalence. We adverted to this fact in our last number. Since that time several cases of the disease, but no fatal ones, we believe, have appeared in this city, and we learn that it continues to prevail, in a modified form, in the Atlantic cities. The following aphorisms, copied by the Boston Medical and Surgical Journal from a New Hampshire paper, are sanctioned by medical men the most experienced in vaccination. We have no doubt they will be acceptable to our readers:

"1. A 'scar' of the cowpox, having all the characteristic marks, and perfectly distinct, is not to be relied upon as an evidence of certain protection, unless proved by re-vaccination.

"2. *Complete* vaccination forever secures an immunity to the individual from infection of the smallpox, varioloid, and from specific effects of cowpox.

"3. In primary successful vaccinations, there is little evidence of the operation of the virus before the fifth or sixth day, while in subsequent vaccinations, if the first be *complete*, there is speedy inflammation and itching, and the whole disappears at about the time that the first should distinctly appear.

"4. The most rigid scrutiny is requisite in the selection of matter, that it be collected at the right period of the vesicle, and from individuals of robust health, free from any cutaneous or other disorders, and of these conditions the physician is the only competent judge.

"5. Cutaneous diseases (as perhaps visceral and other disorders,) seriously modify the character of the genuine vaccine affection, both as it regards the purity of the virus, for transferring the disease, and also the degree of security afforded the vaccinated, in consequence of impaired susceptibility.

"6. *Re-vaccinate in all cases*, and repeat the operation so long as it specifically affects the system."

MEDICAL CLASSES.

From the published catalogues, we learn that there were last winter in the Willoughby Medical School 104 students, in the Medical Department of Transylvania University 170, in the Ohio Medical College 192, in the Medical Institute of Louisville 345, in Jefferson Medical College 469 and in the University of Pennsylvania 471. We hope the deans of faculties of the several other schools will forward to us catalogues so soon as they are published.

TRANSYLVANIA UNIVERSITY.

The dean of the medical faculty of Transylvania University announces the appointment of Professor Annan, of Baltimore to the chair of Obstetrics, made vacant by the death of Professor Richardson, and that of Professor Bartlett to the chair of the Theory and Practice, which he resigned two years ago. That chair, it is stated, became vacant in consequence of the impaired health of Prof. Watson. Professor Bartlett is now in Europe, but his acceptance is spoken of in the Lexington publications as certain. For the chair to which Dr. Annan has been elected, it is reported that there were forty-nine applicants.

FACTS FROM CORRESPONDENTS.

PECULIAR MORBID EFFECTS FROM QUININE.

We are indebted to Wm. H. Gardner, M.D., of Munfordsville, Ky., for the following communication. It may be a question whether it was the opium or the quinine that gave rise to the unpleasant symptoms in the cases related; but the cases are instructive, as showing that alarming effects sometimes attend the administration of these articles.

"I am in the habit of treating our simple autumnal intermittent and remittent fevers with an emetic, if called in the first instance, followed by a cathartic; and after evacuating the stomach and bowels fully, my practice is to arrest the paroxysm by quinine, opium, and ipecacuan combined. I give the quinine in doses varying from three to twelve grains, repeated every four or six hours, combined with from one to three grains of opium, and as much ipecac. This course I have found altogether satisfactory, pretty uniformly arresting the fever by the second or third day. I have never known any bad effects from the quinine when thus administered, except what seemed to be exhibited in the following cases:

Aug. 3d. Called to see Mrs. H., aged 60, of stout constitution; has had a regular paroxysm of fever every day during the last week; had a well marked chill this morning, followed by fever, which lasted nearly all day—she is now (evening) perspiring moderately. Has taken two doses of some purgative pills, which she says have acted well. Says she has enjoyed good health all her life, with the exception of an occasional attack of cramp colic, to which she has been subject many years. Says she cannot bear the least portion of opium or quinine; that she once took some powders which contained quinine and opium, and that they "were near killing her." To all this I was incredulous, and as the paroxysm was expected next morning, I

made the following prescription: ℞ Sulph. quinine, 16 grs., sulph. morphine, 2 grs., ipecac., 4 grs.—make into 8 pills with crumb of bread. I gave two of the pills at once, and sat down to wait their effects, intending to repeat every four hours. In twenty minutes after the pills were taken, she complained of slight nausea; in a few minutes more of cramp and pain at the stomach, which became so severe as to make her call for relief; and in less than 20 minutes from the time she first complained of the nausea, she was pulseless, speechless, and looked ghastly as death. She had a peculiar convulsive, gasping, retching, indicative of something very poisonous at the stomach. With much difficulty I poured down her a glass of warm water, and repeated it every few minutes with ipecac. dissolved till free vomiting was induced. The symptoms were now allayed to some extent for a time, but returned again with violence, and it was not till after vomiting a third or fourth time that she seemed to be permanently relieved, and went to sleep. Next morning she complained of severe soreness in the epigastrium, but missed her chill. A dose or two of calomel and rhubarb completed the cure.

I have seen a similar effect produced in only one other case—that of a young man to whom I gave 8 grs. of quinine and 10 grs. Dover's powder, to prevent a paroxysm which was expected in two hours. In a few minutes after the exhibition of the medicine most of the unpleasant symptoms enumerated in the above case came on, but not to so great an extent. Vomiting speedily induced by warm water and ipecac. relieved him.

It is proper, however, to add that I have since given this individual quinine and opium in large doses without any bad effect whatever.

Feb. 1846."

THE AMERICAN JOURNAL OF SCIENCE AND ARTS.

We direct the attention of our readers to the prospectus of the *American Journal of Science and Arts*, which they will find on the cover. No periodical publication in America has done so much for the scientific reputation of our country as this Journal, and for this reason it has claims upon every man who loves his country. But it has other and peculiar claims upon all who love science. We trust it will find many subscribers among the readers of the Western Journal.

Meteorological Mean, for the half year ending December, 1843.

BY B. F. MEEK AND A. J. MUNSELL.

Station, Frankfort, Ky.—Lat. 38° 14′ *N. Long.* 7° 50′ *West from Washington.*

MONTHS.	BAROMETER.						Thermometer					Uranoscopia.			Dew-point				Pluviometer.			
	Sun rise.	2 o'clock, P.M.	Sun set.	Maximum.	Minimum.	Range.	Sun rise.	2 o'clock P.M.	Sun set.	Maximum.	Minimum.	Range.	Clear.	Cloudy.	Variable.	Sun rise.	2 o'clock P.M.	Sun set.	Minimum.	Max. Range.	Rainy days.	Max. Rain.	Quantity.
July,.....	29.85	29.80	29.84	29.95	29.35	00.60	75	89	78	90	67	23	0	2	29	67	73	70	58	26	5	.50	1.10
August,.....	29.71	29.69	29.70	30.05	29.45	00.60	73	81	78	88	58	30	0	3	28	67	73	70	55	25	10	1.25	7.45
September,.....	29.77	29.73	29.73	30.05	29.35	00.70	62	78	74	86	46	40	1	1	28	58	67	76	42	34	6	3.00	7.23
October,.....	29.99	29.93	29.85	30.48	29.42	01.06	47	66	60	76	34	42	4	2	25	48	55	68	35	33	5	1.25	5.80
November,.....	29.79	29.74	29.76	30.35	29.07	01.28	37	53	49	68	12	56	1	3	26	36	45	55	30	25	7	1.50	3.65
December,.....	29.96	29.90	29.90	30.47	29.10	01.37	20	32	28	50	−2	52	5	10	16	35	39	46	34	12	3	.35	.55
S. A. Mean....	29.81	29.77	29.73	30.21	29.27	00.93	52	65	61	76	36	40	11	20	153	52	59	64	41	26	39	1.47	26.49

The days marked "clear" and "cloudy" were entirely so during the twenty-four hours. The Barometer and Thermometer were suspended in the shade with a Southern exposure. The Dew-point is the highest temperature at which the vapor in the open air will condense upon a bright metallic or thin glass tumbler of water, cooled down by ice or pulverized hydrochlorate of ammonia and nitrate of potash in equal quantities. It was carefully ascertained.

THE

WESTERN JOURNAL

Erratum.—An error in the paging of this number, which ought to have begun with 277 instead of 253, has escaped the proof-reader; but it will be seen that the error is merely in the paging, no matter being omitted.

Syphilitic Sarcocele. (Clinic of M. Ricord.)—Syphilitic Sarcocele—Syphilitic Testicle has been the object of much investigation and study, but these do not remount to a very remote period. Astruc had a glimpse of its nature, but he confounded it with blennorrhagic orchitis; Bell was perfectly familiar with it, but Hunter has not even mentioned it. Before the time of Sir Astley Cooper, and even more recently, that of Dupuytren, a satisfactory description of it is not to be found. Syphilitic sarcocele, to which the name of syphilitic albuginitis is still applied ,and with reason, for the white tissues are those that are first attacked, is one of the most common and early of the occurrences that are observed in the tertiary period of constitutional pox, and generally attacks one side only.

Meteorological Mean, for the half year ending December, 1845.

BY B. F. MEEK AND A. J. MUNSELL.

Station, Frankfort, Ky.—Lat. 38° 14′ N. Long. 7° 30′ West from Washington.

MONTHS.	BAROMETER.						Thermometer							Uranoscop'a.			Dew-point				Pluviometer.		
	Sun rise.	2 o'clock, P.M.	Sun set.	Maximum.	Minimum.	Range.	Sun rise.	2 o'clock P.M.	Sun set.	Maximum.	Minimum.	Range.		Clear.	Cloudy.	Variable.	Sun rise.	3 o'clock P.M.	Maximum	Minimum.	Range.	Rainy days.	Max. Rain.	Quantity.
July,	29.65	29.60	29.64	29.85	29.25	00.60	75	82	78	90	62	28		0	2	29	67	73	76	58	18	26	5	.50	1.10
August,	29.71	29.69	29.70	30.05	29.45	00.60	73	81	78	88	58	30		0	3	28	67	73	80	55	25	10	1.25	7.45
September,	29.77	29.73	29.73	30.05	29.35	00.70	62	78	74	86	46	40		1	1	28	58	67	76	42	34	6	3.25	7.25
October,	29.90	29.93	29.85	30.48	29.42	01.06	47	66	60	76	34	42		4	2	25	48	55	68	35	33	8	1.25	5.80
November,	29.79	29.74	29.76	30.35	29.07	01.28	37	53	49	68	12	56		1	3	26	36	45	55	30	25	7	1.50	3.65
December,	29.96	29.90	29.90	30.47	29.10	01.37	20	32	28	50	−2	52		5	10	16	35	39	46	34	12	3	.35	.50
S. A. Mean,	29.81	29.77	29.73	30.21	29.27	00.93	52	65	61	76	36	40		11	20	153	52	59	67	41	26	39	1.67	28.40

The days marked "clear" and "cloudy" were entirely so during the twenty-four hours. The Barometer and Thermometer were suspended in the shade with a Southern exposure. The Dew-point is the highest temperature at which the vapor in the open air will condense upon a bright metallic or thin glass tumbler of water, cooled down by ice or pulverized hydrochlorate of ammonia and nitrate of potash in equal quantities. It was carefully ascertained.

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